Documents for the Record

Subcommittee on Health Hearing
The Fiscal Year 2027 Department of Health and Human Services Budget
April 21, 2026

Minority:

1. Nov. 19, 2025, Newsweek article by Lauren Giella entitled “Illinois Review Board Approves Closure of OB Unit at Ascension Hospital,” submitted by Rep. Kelly.
2. Nov. 2025, report from the Senate Committee on Finance and House Committee on Energy and Commerce Democrats entitled “Health Care under Attack,” submitted by Rep. Kelly.
3. Mar. 24, 2026, statement by Justice in Aging, submitted by Rep. Barragán.
4. 2026 ACA Marketplace open enrollment public use files (1 of 2), submitted by Rep. Trahan.
5. 2026 ACA Marketplace open enrollment public use files (2 of 2), submitted by Rep. Trahan.
6. Dec. 3, 2025, memorandum from FabrizioWard, submitted by Rep. Veasey.
7. Substance Abuse And Mental Health Services Administration (SAMHSA), Notification Letter to Recipient for Termination of Federal Award submitted by Rep. Carter of Louisiana.
8. March 25, 2026, American Federation of State COUNTY, AND MUNICIPAL EMPLOYEES, AFL-CIO et al. v. RUSSELL VOUGHT, in his official capacity as Director of the Office of Management & Budget, et al. Document #17 submitted by Rep. Landsman.
9. May 22, 2025, NPR article by Will Stone entitled “MAHA Commission report paints a dark picture of U.S. children's health,” submitted by Rep. Landsman.
10. February 9, 2025, New York Times article by Apoorva Mandavilli entitled “Trump Administration to Cut $600 Million in Health Funding From Four States,” submitted by Rep. Landsman.
11. May 29, 2025, New York Times article by Dani Blum and Maggie Astor entitled “White House Health Report Included Fake Citations,” submitted by Rep. Landsman.
12. Sept. 23, 2025, article by Maria Francis entitled “Does leucovorin treat autism? What to know about FDA approval of folinic acid treatment,” submitted by Rep. Auchincloss.
13. Sept. 23, 2025, article by Steve Schering entitled “AAP: ‘Dangerous claims’ about causes of autism confuse parents, harm children,” submitted by Rep. Auchincloss.
14. Sept. 22, 2025, press release entitled “President Trump, Secretary Kennedy Announce Bold Actions to Tackle Autism Epidemic,” submitted by Rep. Auchincloss.
15. Sept. 22, 2025, article by David Lim entitled “FDA to approve drug to treat autism symptoms,” submitted by Rep. Auchincloss.
16. March 10, 2026, article by O. Rose Broderick entitled “Leucovorin lacks evidence to use as autism treatment, FDA says,” submitted by Rep. Auchincloss.
17. April 18, 2026, article by Marianne LeVine and Liz Essley Whyte entitled “How Joe Rogan Convinced Trump to Fast-Track Review of Psychedelic Drugs,” submitted by Rep. Auchincloss.
18. April 14, 2026, article entitled “Dr. Makary and Mr. Hyde at the FDA,” submitted by Rep. Auchincloss.
19. June 13, 2025, National Institutes of Health webpage entitled “Budget,” submitted by Rep. Fletcher.

20. March 3, 2026, article by Jocelyn Kaiser entitled “Delays in awards and funding calls worry NIH-funded researchers,” submitted by Rep. Fletcher.
21. November 27, 2025, article by Edward White entitled “Is China winning the innovation race?” submitted by Rep. Fletcher.
22. March 13, 2026, article by Bianca Licitra entitled “NIH Research Funding Delivers Extraordinary Value for all 50 States, Report Shows,” submitted by Rep. Fletcher.

Canva

News Article

Illinois Review Board Approves Closure of OB Unit at Ascension Hospital

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NOV 19, 2025 AT 12:06 PM EST

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By Lauren Giella
Senior Reporter

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closure of an obstetric unit at a hospital in Elk Grove Village.

During a meeting Tuesday, the board voted 6-3 in favor of Ascension's plan to close the 28-bed OB unit at Alexian Brothers. Labor and delivery services will be transferred to Ascension St. Alexius Women and Children's Hospital in Hoffman Estates.

Why It Matters

Nurses were raising the alarm about the potential closure, claiming it would exacerbate the growing maternal and infant health crisis in the state.

According to National Nurses United, the largest nurses union in the U.S., Ascension cut a quarter of its labor and delivery units in the last decade – about three times the national average.

The 2024 report said Ascension, a Catholic nonprofit health system with 140 hospitals in 19 states, cut 21 percent of its labor and delivery units in metropolitan areas. The national closure rate for OB units nationwide was only six percent. Many of these closures, NNU said, happened in areas with low-income residents and areas with a high population of Black and Latino residents – demographics with an already high risk of pregnancy and childbirth-related complications.

“Ascension's creation of obstetric health care deserts increases the risk of dangerous complications and reduces opportunities for timely, lifesaving care for expecting parents and babies,” NNU President Jean Ross said in a press release at the time. “The failure to invest in obstetrics services — all in order to prioritize boosting profits and investment portfolios — flies in the face of Ascension's purported mission of providing ‘spiritually-centered holistic care’.”

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What To Know

According to the Daily Herald, HFSRB Board Chair Debra Savage “unhappily” cast her vote to approve the closure, saying that taking away access from patients at Elk Grove Village is not good and warned of potential volume problems at St. Alexius.

The outlet reported that Ascension Illinois' senior vice president and market CEO Polly Davenport said the closure was not an easy decision and that “it’s really about using our resources wisely.”

Community members expressed their concern with the closure during public testimony.

“Closing a labor [and] delivery unit means pregnant people and their babies will face longer travel times, delayed care and increased risk in emergencies,” Lorraine Krolicki, a Elk Grove Village resident and former Alexian Brothers employee, testified.

While the board does not comment on its decision, a spokesperson told *Newsweek* that the members of the board "carefully and thoroughly" considered all the applicable laws in the Illinois Health Facilities Planning Act and relevant regulatory criteria, along with the accompanying applications, staff reports, public hearing testimony, written comments, public participation comments and applicants' testimony at the meeting before rendering their final decisions in each of the items on yesterday’s agenda.

A spokesperson for Ascension told *Newsweek* in a statement that the health system is grateful for the board's approval.

focused growth in the areas of cardiology, stroke and spine care, remaining a vibrant community hospital for the Northwest Suburbs."

Ascension Illinois announced the closure earlier this year. Chief Clinical Officer David Bordo wrote about the plan to transition the hospital's inpatient pregnancy care to St. Alexius on the Ascension Alexian Brothers Hospital website on July 2, 2025.

“Community hospitals no longer can provide all services to all patients while maintaining the excellent outcomes we, as well as our patients, expect,” he wrote.

Ahead of this hearing, NNU nurses from other Ascension hospitals warned that the closure of the OB unit in Illinois would have a profoundly negative impact on the community.

Anastasia Villarreal, a nurse from Ascension Seton Medical Center in Austin, Texas, and a member of the National Nurses Organizing Committee/National Nurses United (NNOC/NNU), said in a statement earlier this week that Texas nurses have seen the impact of Ascension's obstetrics closures and understaffing of units that serve babies and new parents.

In a statement to *Newsweek*, Villarreal said she is "extremely disappointed" in the board's decision.

"Their decision will exacerbate the Catholic health system's troubling national pattern of divesting from maternal and infant health," she said. "No Catholic hospital, especially one that proclaims to provide ‘spiritually-centered holistic care’, should be creating obstetric health care deserts. As union nurses, we will continue to oppose further closures and resist Ascension's practice of understaffing and under resourcing units that serve babies and new parents.”

FHN would be known as Mercyhealth FHN. Mercyhealth would also commit $100 million to FHN over the next five years to support FHN Memorial Hospital's cancer unit, a robotic surgical system and the expansion of services in the area. The deal is expected to close on December 31, 2025.

Mercyhealth also got approval for the sale of its hospital on Rockton Avenue to the Kingdom Authority Church. The hospital closed in July and was purchased by the church's pastors, Melvin and Shelia Brown, in September. According to WTVO, the church plans to turn the hospital into a community development center.

What People Are Saying

Mercyhealth President and CEO Javon Bea said in a statement to Newsweek: Mercyhealth is pleased with [Tuesday's] decisions made by the Illinois Health Facilities and Services Review Board. We look forward to working with our Mercyhealth FHN partners to enhance health care options in Freeport and the surrounding communities. We also encourage the Rockford community to come together in fostering an environment that allows the Browns the opportunity to demonstrate the full potential of the Rockton Avenue building.

UPDATE 11/19/2025 at 1:40 p.m. ET: This story was updated with comment from the Illinois Health Facilities and Services Review Board and National Nurses United. UPDATE 11/19/2025 at 3:30 p.m. ET: This story was updated with comment from Ascension.

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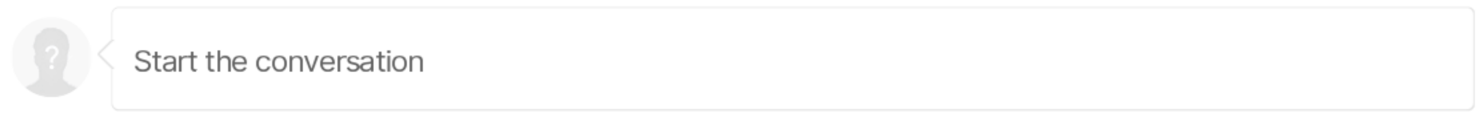

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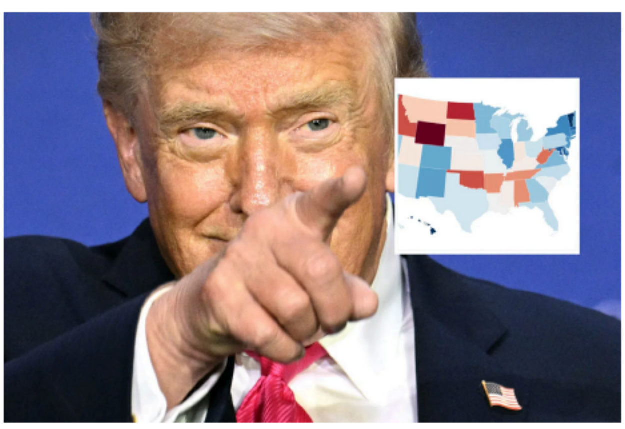

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HEALTH CARE UNDER ATTACK

On July 4, 2025, Trump signed the largest health care cuts in history into law. Republicans rushed through their Big Ugly Bill with reckless cuts of more than $1 trillion from Medicaid and the Affordable Care Act, destabilizing the health care system and making care more expensive and harder to access for all Americans. According to the latest estimates from the nonpartisan, independent Congressional Budget Office (CBO), Republicans' health care cuts will terminate health insurance for roughly 15 million Americans.

Republicans are lying when they say the harms of this law will not be felt in the near term. Some Republicans say select cuts could be stopped or delayed, while others say there are no cuts to Medicaid. This digest outlines the immediate, damaging effects of the Republican budget bill, with more collateral damage and human harm occurring as the months go on.

Month by month, hospitals are shutting down, clinics are closing, workers are laid off, services are canceled, and families are paying more out of pocket and going without the care they need. This digest may not encompass the entirety of Trumpcare's harms, but it aims to document the damage.

NOVEMBER 2025 -

Closures and Service Shutdowns

November 4, 2025: A home care company in St. Paul, Minnesota, will shut down in January, resulting in job loss for 406 people. The company cited "upcoming regulatory changes impacting the Minnesota home care industry" as the reason for the closure, which will leave approximately 150 to 200 older adults and individuals with disabilities seeking new providers for their care. (KSTP)

November 5, 2025: Centra Southside Community Hospital in rural Farmville, VA, will end its labor and delivery services in December. With the closure, pregnant patients in the region will now have to travel about an hour to Lynchburg for care. (Cardinal News)

November 6, 2025: Faribault Medical Center in Minnesota announced that it will close its birth center and end evening and weekend emergency surgical coverage beginning December 1. The hospital also plans to stop admitting pediatric patients on May 7, 2026. These changes stem from significant financial pressures and ongoing provider shortages. (MPR News)

November 6, 2025: Greenbrier Valley Medical Center in West Virginia will cease providing labor and delivery services and inpatient pediatric services after April 2026. These service shutdowns are in response to Trumpcare cuts. (Real WV)

November 7, 2025: Pottstown Hospital, in Philadelphia, Pennsylvania, will close its intensive care unit, endoscopy center, and cancer center over the next 60 days, citing financial sustainability issues. The parent company, Tower Health, will lay off 350 people as part of the closure. (Philly Voice)

November 10, 2025: An urgent care center in rural Stuart, VA, will close on November 14, leaving residents who already have to travel 2 hours in an ambulance for emergency care with even fewer options. A local official pointed to federal funding cuts as a core reason for the closure—"they're killing us," he said (WSLS)

November 11, 2025: Connecticut Children's Hospital is planning to close its inpatient pediatric unit at St. Mary's Hospital in Waterbury, CT, citing financial pressures. (NBC Connecticut)

November 13, 2025: Regional Medical Center of Central Alabama will end inpatient services and lay off 90 people due to "unprecedented financial challenges" that rural hospitals across the country face after Republicans' largest Medicaid cuts in history. (WSFA 12)

November 14, 2025: Mercy Medical Center in western Massachusetts will suspend maternity and newborn services at its Family Life Center starting December 8, citing persistent staffing constraints as the reason for halting services. (News From The States)

November 14, 2025: Heights University Hospital in Jersey City, New Jersey, will close immediately and lay off over 100 people due to funding cuts. The emergency department will remain operational. (NJ.com)

November 17, 2025: Santa Rosa Memorial Hospital in Santa Rosa, California will no longer have an inpatient pediatrics unit after the first quarter of 2026. (KSRO)

November 18, 2025: UCare, a Minnesota-based nonprofit health insurance plan with more than 300,000 members, will end operations at the beginning of next year. (MPR News)

November 18, 2025: CedarCreek Integrated Health, which provides treatment for substance use disorder in Bozeman, Montana, will close on December 1, affecting 1,000 people receiving treatment for substance use disorder. (KBZK Bozeman MT News)

November 18, 2025: Grand View Hospital in Bucks County, Pennsylvania, will temporarily close its labor and delivery services on December 1. (The Morning Call)

November 19, 2025: Ammonoosuc Community Health Services, a community health center in Franconia, New Hampshire, closed last month, with officials citing Medicaid cuts as the reason the center could no longer deliver services to its 14,000 patients. Nearly half of the center's patients are older and face serious health challenges, and they must now travel for care. (AP News)

November 19, 2025: A 28-bed obstetrics unit will close at Alexian Brothers Hospital in Elk Grove Village, Illinois, in January 2026. (Newsweek)

November 20, 2025: Shelbyville Hospital in Kentucky closed its intensive care unit (ICU) on November 10. (The Sentinel News)

November 21, 2025: Lifecycle Wellness and Birth Center in Bryn Mawr, Pennsylvania, will close in March 2026 after five decades. In a statement, the clinical director and board president cited today's health care environment, making it increasingly difficult for small, independent providers. (WHYY)

November 25, 2025: Ohio Planned Parenthood will close the Franklinton location on November 28 and conduct a second round of layoffs due to Medicaid cuts in the Republican budget bill. (Ohio Capital Journal)

November 28, 2025: MercyOne Traer Family Medicine in Traer, Iowa, will close in December. The closure will leave residents in a medically underserved area without a local primary care clinic and require patients to travel to Reinbeck—more than 15 miles away—for care. (North Tama Telegraph)

Job Loss and Layoffs

November 11, 2025: East Adams Rural Hospital in Ritzville, Washington, will lay off 108 employees, citing "severe financial difficulties." (The Spokesman-Review)

November 14, 2025: UofL Health, which operates several hospitals in Louisville, Kentucky, will lay off 150 people. (WDRB)

November 14, 2025: Baystate Health in Springfield, Massachusetts, will offer employees the option to voluntarily leave due to new financial challenges created by Trumpcare. (Becker's Hospital Review)

November 19, 2025: Providence Health System will lay off 296 people in Washington State and 150 people across Oregon, citing Medicaid cuts as the reason for these workforce reductions. (Becker's Hospital Review)

Higher Health Care Costs

November 11, 2025: Floridians living with HIV, who need medication daily to survive, are facing unaffordable premium increases due to the Republicans' refusal to extend the ACA's enhanced premium tax credits. (Central Florida Public Media)

November 12, 2025: A Georgia mother will face a monthly ACA premium of over $500 next year, which is a third of her income, because Republicans refused to extend enhanced premium tax credits. Her plan covers her three children, including one child who has Type 1 diabetes and needs daily medication. (GPB News)

November 20, 2025: The ACA enhanced premium tax credits help 470,000 Alabamians afford health care. Republican inaction on these tax credits will lead some Alabamians to see their monthly premiums nearly quadruple. (WBRC)

November 21, 2025: A 48-year-old Mississippian with chronic kidney failure, high blood pressure, and fibromyalgia, who is also the primary caregiver for three children under the age of four, fears she will lose coverage altogether as her monthly premium jumps from $20 to $75 next year because Republicans refuse to extend ACA enhanced premium tax credits. (Insurance News Net)

November 24, 2025: A Kansan living with epilepsy will see their monthly premium rise from $30 to $201 next year if the Republicans continue to refuse to extend ACA enhanced premium tax credits. (KCTV 5)

November 25, 2025: A couple in Wyoming will see their premiums rise from $600 a month to $3,000 starting next year because Republicans refuse to extend middle-class tax credits that make health care premiums affordable. (Powell Tribune)

November 25, 2025: A resident of Chattanooga, Tennessee, is worried she may die because Trump and Republicans have made ACA insurance premiums so unaffordable that people feel like they have no choice but to go without. (Chattanooga Times Free Press).

November 30, 2025: A 55-year-old Texan cancer survivor will see her monthly premiums rise from $250 to $1,400 due to Republicans' refusal to extend the ACA's enhanced premium tax credits. (Insurance News Net)

Barriers to Care

November 14, 2025: Colorado's Governor cited the Republican budget law as the backdrop for a budget proposal with cuts to Medicaid dental services, as well as reductions to at least 15 Medicaid programs supporting people with disabilities. (9 News)

November 14, 2025: UMass Memorial Medical Center in Worcester, Massachusetts, had nearly 100 patients awaiting beds in its emergency department, a longer wait list than the department had seen in over a year. (Boston Globe)

OCTOBER 2025 -

Closures and Service Shutdowns

October 7, 2025: Corona Regional Medical Center in California will close its labor and delivery services in January 2026. (KTLA)

October 7, 2025: A company that delivers 800 boxes of food weekly to residents with food insecurity in Asheville, NC, will close after Trumpcare ended North Carolina Medicaid's Healthy Opportunities Pilot. (Asheville Citizen-Times)

October 7, 2025: Planned Parenthood has closed one of its Memphis, Tennessee, clinics due to Trumpcare's blocking Medicaid patients from using their insurance at Planned Parenthood. (ABC 24)

October 8, 2025: A Program of All-Inclusive Care for the Elderly (PACE) center in Glasgow, Kentucky, will close in November due to delays in Medicaid payment. (ABC13 WBKO News)

October 9, 2025: Providence St. Patrick Hospital in Missoula, Montana, will close its Family Maternity Center, citing "external challenges". (Montana Free Press)

October 9, 2025: University of Cincinnati Health will eliminate its mobile stroke unit and close its center for post-acute care. The cost-cutting moves are estimated to affect the jobs of 500 people." (The News Record)

October 10, 2025: A family planning clinic in Buffalo, NY, will close in November, citing Republicans' largest Medicaid cuts in history. (Buffalo Toronto Public Media)

October 13, 2025: Planned Parenthood of Orange and San Bernardino Counties is closing its primary care practice on December 13, 2025, which will affect 13,000 patients and 81 staff, because Republicans defunded Planned Parenthood in their Big Ugly Bill. (Orange County Register)

October 13, 2025: Two freestanding emergency rooms in Hunt County, Texas, closed, and 43 employees have lost their jobs. The hospital board cited the growing number of uninsured patients and declining government payments as financial stressors that led to the closure. (NBC DFW)

October 14, 2025: Northwell Health's Lenox Hill Hospital in New York City plans to eliminate 18 emergency medical services positions and shut down three 911 units. (Becker's Hospital Review)

October 16, 2025: Legacy Health, an Oregon-based system, will close six urgent care clinics in Washington State and Oregon and end several specialty programs in Clark County, Washington, and Portland, Oregon by next March, citing financial pressures and uncertainties in health care. It will also scale back outpatient rehab services at Legacy Emanuel in Portland. (The Lund Report)

October 16, 2025: Providence Health will permanently close its occupational medicine and workplace health services at four Portland-area clinics, resulting in the loss of 43 jobs. The Oregon Nurses Association cited Trumpcare's Medicaid cuts for the decision, warning that thousands of workers and businesses that rely on Providence for occupational health care will be affected. (KGW)

October 17, 2025: A Psychiatric Emergency Department in Cleveland Heights, Ohio, run by MetroHealth, will close on December 31, 2025, citing reduced funding. (Signal Cleveland)

October 20, 2025: One of the largest hospitals in Beavercreek, Ohio, will stop offering labor and delivery services. (Dayton Daily News)

October 22, 2025: Kell West Regional Hospital in Wichita Falls, Texas, will close in the coming weeks, citing reimbursement rates, patient volumes, and the cost of infrastructure needs and care. (Becker's Hospital Review)

October 23, 2025: In California, Martin Luther King Jr. Community Hospital was forced to close one of its outpatient clinics in Compton, citing the financial strain posed by looming Medicaid cuts. (Wall Street Journal)

October 24, 2025: A primary care clinic and a gastroenterology clinic in Hot Springs, Arkansas, closed. CHI St. Vincent says the clinic closures are part of a reorganization to "remain financially viable." (The Sentinel-Record)

October 24, 2025: Planned Parenthood's only Manhattan location will stop seeing patients on November 1 due to Trumpcare's assault on reproductive health. (Washington Square News)

October 29, 2025: An Urgent Care center run by Hunt Regional Occupational Health in Rockwall, Texas, will close, citing financial challenges. (Herald Banner)

October 30, 2025: The Perinatal Quality Collaborative of North Carolina, which improves infant care and prevents infant deaths through a statewide network of health care providers, had its entire budget cut by the Republican-controlled state legislature. (NC Health News)

October 31, 2025: Maine Family Planning closed the doors of its primary care practices, which offered services in Ellsworth, Houlton, and Presque Isle, citing Trumpcare's Medicaid cuts. (MedPage Today)

Job Loss and Layoffs

October 7, 2025: Planned Parenthood clinics in Fresno and Madera, California, lay off 15 people after Republicans' Big Ugly Law defunded Planned Parenthood. (The Business Journal)

October 14, 2025: Lucile Packard Children's Hospital will lay off 87 people, citing economic uncertainty, "regulatory headwinds, and significant budgetary consequences." (Palo Alto Online)

October 15, 2025: Blue Shield of California will lay off 150 people. (Becker's Hospital Review)

October 16, 2025: Philadelphia-based Jefferson Health will lay off 650 employees due to "significant financial headwinds." (Becker's Hospital Review)

October 18, 2025: A health plan in Oregon, PacificSource Health Plans, will shut down a subsidiary and lay off 56 people. (OregonLive)

October 22, 2025: A health insurance company with 2 million members in Massachusetts, Point32 Health, will lay off 254 employees due to increases in health care costs. (Boston.com)

October 25, 2025: Premier Care nursing home in Bloomfield Hills, Michigan, will lay off 94 staff members. (MLive)

October 29, 2025: PeaceHealth will lay off 241 people across Washington state, on top of 18 people laid off in September, “in response to the rapidly changing healthcare landscape — one that has challenged even the most resilient healthcare organizations.” (The Bellingham Herald)

October 30, 2025: PacificSource Health Plans is eliminating 300 positions across Washington, Oregon, Idaho, and Montana because of Republicans’ largest Medicaid cuts in history. (Modern Healthcare)

Higher Health Care Costs

October 14, 2025: California’s state health insurance Marketplace projects enrollees receiving enhanced tax credits will see their premium costs rise an average of 97% if Republicans continue to refuse to extend the ACA tax credits. Depending on age, income, and location, some people could see their out-of-pocket costs triple. Due to these costs, the state estimates that about 400,000 people would likely go without insurance. (KFF Health News)

October 16, 2025: Americans, like a couple from Texas living with high blood pressure and high cholesterol, may be forced to decide between groceries and health insurance due to Republicans' inaction on the ACA's enhanced premium tax credits. (AP News)

October 22, 2025: A Georgia woman rushed to schedule a surgery because she may have to go without health insurance next year, because Republicans refuse to extend middle-class tax credits that make health care premiums affordable. (Washington Post)

October 22, 2025: A couple from Arkansas says their insurance premiums will rise to a cost they can no longer afford if the ACA's enhanced premium tax credits expire, so they will have to drop their insurance and hope that they will not experience any medical emergencies next year. Trumpcare has made ACA premiums so unaffordable that healthy people feel like they have no choice but to go without. (NBC News)

October 27, 2025: In Colorado, families are facing massive premium hikes due to Republicans’ refusal to extend the ACA tax credits. The state projects that 225,000 Coloradans will see their health insurance costs double, and about 75,000 people will lose coverage altogether. A family of four making $128,000 in Denver could see their premiums jump by $14,000 next year. Unless Republicans take action, many Coloradans will be forced to choose between paying for health care and paying their bills. (Colorado Division of Insurance)

Barriers to Care

October 8, 2025: The Oregon Health Authority canceled plans to provide a set of Medicaid benefits to incarcerated adults before their release, citing limitations due to Republicans’ cuts to Medicaid. (Willamette Week)

October 8, 2025: Freeman Health System originally planned to build a hospital in rural Frontenac, Kansas, with 50 hospital beds, multiple specialized units, and create at least 500 to 1,000 jobs. In a release, the health system said that they will halt their plans due to the Republican budget law, which "could have unpredictable impacts." (KSN16)

October 14, 2025: A project to open a clinic in rural Clearlake, California, has stalled after Adventist Health cited the negative impact of Republicans' largest health care cuts in history on rural health care delivery. (Lake County News)

October 24, 2025: Idaho's Medicaid mental health contractor will cut provider pay rates by 15% for partial hospitalizations; 10% for intensive outpatient care; 5% to certain community-based substance-use disorder treatment programs; and 4% to all other contracted services in the Idaho Behavioral Health Plan. (Idaho Capital Sun)

October 20, 2025: Michigan will restrict Medicaid coverage of weight loss drugs "exclusively to individuals classified as morbidly obese" who have already tried other weight loss interventions first, as a cost-cutting measure for the Health and Human Services budget. (AP News)

SEPTEMBER 2025 -

Closures and Service Shutdowns

September 3, 2025: UF Health Leesburg in Florida will end its labor and delivery services "later this fall." (Becker's Hospital Review)

September 4, 2025: Three rural health care centers in Maine announce plans to close by the end of the year. (WMTW)

September 4, 2025: Augusta Medical Group closed three rural primary and urgent care clinics in Weyers Cave, Buena Vista, and Churchville, Virginia, consolidating services into other Augusta Health sites as part of its response to financial pressures from Republicans' Big Ugly Law. (CNN)

September 5, 2025: Families in Ironwood, Michigan, will have to drive an additional 45 minutes to deliver their babies when Aspirus Health discontinues labor and delivery services at its hospital and clinics on December 31. (Becker's Hospital Review)

September 5, 2025: On November 5th, emergency services will end at Loveland, Colorado's Banner McKee Medical Center. Banner Health will also close two facilities in Greeley, CO — a freestanding emergency department and an urgent care center. About 351 staff will be laid off due to these closures. (Becker's Hospital Review)

September 9, 2025: Central Maine Healthcare's Manchester Care Center closed on October 31, requiring all patients to transition to new primary care providers. (Mainebiz, News Center Maine)

September 9, 2025: Aurora Healthcare, a small independent primary care practice in Fairfield, Maine, will close on December 1 after five years in operation. The clinic cited mounting strain on small practices as a reason for shutting down. (Fox Bangor)

September 10, 2025: The Mayo Clinic announces that it will close six rural clinics and reduce services at another clinic in southern Minnesota by December 10. (CBS)

September 11, 2025: Citing Medicaid cuts, Millard Fillmore surgery center in Williamsville, New York, will close on October 1, resulting in the layoff of 32 employees. (WGRZ)

September 13, 2025: A nursing home, The Gardens at DePugh Nursing Center, in Winter Park, Florida, known for its five-star quality rating, will close in December after nearly seven decades of serving older residents. (WESH2)

September 17, 2025: St. Mary's Sacred Heart Hospital in Lavonia, Georgia, will end labor and delivery services, citing the Medicaid cuts. (Becker's Hospital Review)

September 19, 2025: An eating disorder recovery center in Durham, North Carolina, will close on October 9th, and 90 workers will lose their jobs. (The News & Observer)

September 19, 2025: A rural hospital in eastern Missouri, Ste. Genevieve County Memorial Hospital is closing its labor and delivery department and home health department due to looming Medicaid cuts. (Missourinet)

September 19, 2025: An assisted living facility, The Good Samaritan Society, in Corsica, South Dakota, will close on November 30, affecting 43 residents and 68 staff members. (Dakota News Now)

September 22, 2024: Three rural clinics serving communities in the Blue Ridge Mountains in Virginia will close as a response to Republicans' largest health care cuts in history. (CNN)

September 23, 2025: The Boston Health Care for the Homeless program will lay off 25 workers and close a 20-bed medical respite facility for patients experiencing homelessness who need to recuperate after surgery, hospital stays, or short-term injuries when they are too ill to enter a traditional shelter, a "difficult but necessary step" in response to Republican Medicaid cuts. (Boston.com)

September 24, 2025: The only year-round clinic in Healy, Alaska, will close on November 1 after serving the community for over two decades. The nearest clinics for residents will be more than 40 miles away. (Alaska Public Radio)

September 25, 2025: A nursing home in Richardson, Texas, will close on December 1 and lay off all 70 of its employees. (Chron.)

September 25, 2025: Sunny Glen Children's Home, which provides residential care, foster placement services, and family support to vulnerable children, foster youth, and unaccompanied migrant children, will close and lay off 424 employees on November 17. (Chron.)

September 26, 2025: Families in Wheatland County, Wyoming, will lose maternity, labor, and delivery services as Banner Platte County Hospital announces it is "pausing" services on October 15 and is uncertain about the timeframe for bringing them back. (Wyoming Public Media)

September 26, 2025: Delta Health, which includes a 49-bed hospital and other locations across Delta County, Colorado, ends its obstetrics services. (Becker's Hospital Review)

September 30, 2025: A rural hospital in Powell, Wyoming, will close its oncology services and internal medicine clinic and lay off seven workers in the next 60-90 days, citing tough financial circumstances. (Buffalo Bulletin)

September 30, 2025: Keystone Health Women's Care in Chambersburg, PA, announced it will end labor and delivery services on July 1, 2026. (Chambersburg Public Opinion)

Job Loss and Layoffs

September 3, 2025: Seven certified nursing assistants were laid off from a 25-bed critical access hospital in Iron River, Michigan. (Becker's Hospital Review)

September 4, 2025: A Maine health system eliminates 308 positions due to financial pressures. (Becker's Hospital Review)

September 12, 2025: Tacoma, Washington-based Virginia Mason Franciscan Health system is eliminating 24 positions in its virtual care services department. (Becker's Hospital Review)

September 16, 2025: Memorial Sloan Kettering Cancer Center in New York City will lay off about 2% of its workforce as the center faces a budget deficit of more than $200 million. (Becker's Hospital Review)

September 18, 2025: Seattle Children's Hospital will lay off 154 workers and eliminate 350 open roles, citing financial challenges from Republicans' largest health care cuts in history. (Everett Post)

September 21, 2025: North Carolina's Medicaid Ombudsman program, which helps people get access to Medicaid and connect to resources such as legal aid, social services, housing, food assistance, and other programs, will lay off 40 employees. (NC Health News)

September 23, 2025: Blue Mountain Hospital in John Day, Oregon, lays off nine employees and eliminates a contract administrator position, citing Republican cuts to Medicaid. (Blue Mountain Eagle)

September 24, 2025: Overlake Medical Center and Clinics, a nonprofit health system based in Bellevue, Washington, will lay off 55 people. The layoffs, effective in November, span all areas of the hospital and clinics. (Becker's Hospital Review)

Higher Health Care Costs

September 10, 2025: New York will phase out a program that offers zero-premium health coverage for working-class residents due to funding cuts in Republicans' Big Ugly Law. (Axios)

September 23, 2025: Close to 200,000 people in Rhode Island will face much higher premiums in the new year after the insurers increased rates by 21% rate for the Affordable Care Act (ACA) individual market, 19.3% for workers with employers who buy coverage through the large group market, and 17% for workers in small companies. These rate increases follow Republicans' refusal to extend the ACA's enhanced premium tax credits, causing chaos for people who rely on the ACA for coverage. (WPRI)

September 30, 2025: Republicans have refused to extend the ACA enhanced premium tax credits, and that decision is causing chaos for American health care. If the ACA enhanced premium tax credits expire, enrollees will pay more than double what they currently pay annually for premiums. (KFF)

Barriers to Care

September 4, 2025: Nebraska Medicaid reduces the amount the state pays health care providers for applied behavior analysis therapy, used by children with autism, raising concerns about access among families. (Nebraska Public Radio)

AUGUST 2025-

Closures and Service Shutdowns

August 4, 2025: St. Luke Des Peres Hospital in St. Louis, MO, closes and cites "the evolving healthcare landscape" and increasing financial pressures among the reasons for closure. (Becker's Hospital Review)

August 8, 2025: Planned Parenthood shuts down operations in Louisiana, which includes the closure of health centers in New Orleans and Baton Rouge, citing "relentless political assaults." (Axios)

August 11, 2025: Memorial Hospital in Biloxi, Mississippi, will end its obstetrics services on September 1. (Becker's Hospital Review)

August 14, 2025: UMass Memorial Medical Center in Worcester, Massachusetts, closed two primary care clinics to try to manage the looming Republican cuts. (WBJ))

August 15, 2025: Jackson South Medical Center in Miami, Florida, will close its maternity unit on August 15. (South Florida Times)

August 18, 2025: An in-home care program and an outpatient Orthopedic Physical Therapy Clinic close in Chewelah, Washington, with the provider, Providence, citing federal cuts to Medicaid. (Chewelah Independent)

August 18, 2025: Six federally qualified health centers in South Carolina run by Cooperative Health will close due to ongoing financial pressures and an increase in the number of underinsured and uninsured patients. (WIS10)

August 20, 2025: Providence Seaside Hospital in Oregon will close its inpatient obstetric and newborn care services, effective October 4. (Becker's Hospital Review)

August 25, 2025: A Tennessee hospital flooded by Hurricane Helene won't be able to reopen due to Republicans' largest health care cuts in history. (Politico)

August 27, 2025: Six outpatient centers close in the Cleveland area, citing Republican Medicaid cuts. (cleveland.com)

August 29, 2025: East Carolina University Health filed a letter of intent in July to reopen Martin General Hospital as a Rural Emergency Hospital, but that reopening is increasingly less likely because of Medicaid cuts. (NC Health News)

Job Loss and Layoffs

August 1, 2025: Northeast Vermont Regional Hospital in St. Johnsbury, Vermont, announces eight layoffs. (NBC 5)

August 4, 2025: Planned Parenthood of Greater Ohio lays off 20 staff members, citing Republicans' largest health care cuts in history. (Ohio Capital Journal)

August 13, 2025: CentraCare Health System in St. Cloud, Minnesota, will lay off 535 employees, 30% of whom are in patient care roles, citing "significant external pressures." (Becker's Hospital Review)

August 27, 2025: MetroHealth System in Cleveland lays off 125 employees as part of an effort to stabilize its finances as it faces added pressure from Medicaid cuts. (cleveland.com)

August 28, 2025: Children's Hospital Los Angeles will lay off 253 employees at the end of October, citing reduced reimbursement from Medicaid. (Becker's Hospital Review)

Higher Health Care Costs

August 7, 2025: In response to Republicans' Medicaid cuts, Santa Clara County supervisors unanimously vote to add a ballot measure to November's special election that would increase local sales tax for five years to try to backfill some of the projected lost federal revenue. (San Francisco Chronicle)

August 18, 2025: Over 100,000 Mainers will face higher premiums in 2026 after the state approved a 23.9% average rate increase. (News Center Maine)

Barriers to Care

August 6, 2025: UI Health Care is "adjusting" the timeline to expand its inpatient care unit because of Republicans' largest health care cuts in history. (Iowa City Press Citizen)

August 8, 2025: UofL Health in Kentucky is indefinitely delaying the opening of The Birthing Place at Mary & Elizabeth Hospital after Medicaid cuts "have changed the landscape for health services in Kentucky." (Louisville Courier Journal)

August 8, 2025: In North Carolina, the state is cancelling its "Healthy Opportunities Pilot" amid budget challenges. This program supported rural Medicaid enrollees through nonmedical health interventions like healthy food deliveries. (North Carolina Health News)

August 13, 2025: North Carolina Medicaid will cease coverage for GLP-1 drugs for weight loss. (NC Newsline)

August 18, 2025: Nursing homes in North Carolina face a 10% decline in state reimbursement. (McKnight's Senior Living)

*August 19, 2025***:** On October 1, North Carolina will implement a minimum 3% pay reduction for all health care providers who treat Medicaid patients. Primary care doctors face an 8% cut, and specialty doctors face a 10% drop in payments. (KFF Health News)

August 26, 2025: Idaho announces that reimbursement rates will be reduced by 4% across all major health care settings, including nursing homes, home and community-based services, and hospitals. (McKnight's Senior Living)

August 28, 2025: Colorado announces it will reverse a 1.6% increase in payment rates for health care providers who care for people with Medicaid to help address a hole in the state budget caused by Trump's Medicaid cuts. (Colorado Sun)

August 28, 2025: Ahead of burdensome new administrative hurdles forced on states as part of Trumpcare, Montana already struggles to process Medicaid applications in a timely way, risking coverage for 34,000 residents. (Montana Public Radio)

JULY 2025-

Closures and Service Shutdowns

July 1, 2025: Planned Parenthood's clinic in Midtown Cleveland closed, citing "ongoing attacks from the Trump administration" for disrupting "essential services" provided by Planned Parenthood. (Ideastream Public Media)

July 10, 2025: A Kansas City, Missouri, hospital will close its neonatal ICU and end labor and delivery services on September 8. (Becker's Hospital review)

July 13, 2025: Curtis Medical Center in Nebraska, citing Medicaid cuts as a reason for closing, will shut its doors on September 30. (Nebraska Public Media)

July 17, 2025: Planned Parenthood closes two southwest Ohio clinics. Trumpcare defunds Planned Parenthood, denying women reproductive health care, cancer screenings, and other essential services. (Cincinnati Enquirer)

July 17, 2025: An adult mental health housing facility in Concord, New Hampshire, announces it will close due to funding challenges. (Concord Monitor)

July 23, 2025: Planned Parenthood will close its Evansville, Indiana, location on September 4, citing targeted attacks on reproductive health care. (Evansville Courier & Press)

July 24, 2025: HealthFirst Family Care Center, a community health center, announces it is closing its location in Canaan, New Hampshire, citing Medicaid cuts. (Valley News).

July 24, 2025: Planned Parenthood in Tyler, Texas, closed on July 17 after Republican's Big Ugly Law defunded it. (KETK)

July 25, 2025: Planned Parenthood Mar Monte closes five Northern California clinics in Gilroy, Santa Cruz, Madera, San Mateo, and South San Francisco, which have served 22,000 patients over the last year, due to federal Medicaid funding cuts for Planned Parenthood. (CBS)

July 25, 2025: Two Houston-area Planned Parenthood clinics will close their doors this fall because of the Medicaid cuts targeting Planned Parenthood in Republican's Big Ugly Law. (Chron)

July 28, 2025: Two Ohio Planned Parenthood clinics — which don't provide abortions — in Springfield and Hamilton will close August 1, citing Republicans' largest health care cuts in history. (Roll Call)

Job Loss and Layoffs

July 20, 2025: Los Angeles County puts an immediate hiring freeze into effect and warns of likely layoffs. Trumpcare cuts $750 million per year from the County Department of Health Services, which oversees four public hospitals and roughly two dozen clinics. (LA Times)

July 29, 2025: The University of Vermont Health Network announces 77 layoffs and the elimination of another 69 vacant positions. (NBC 5)

July 31, 2025: Central Maine Health Care tells employees the hospital is planning layoffs. (Maine Sun Journal)

Higher Health Care Costs

July 7, 2025: In New Hampshire, people with Medicaid will begin paying monthly premiums ($190 for a household of two; $230 for a household of three; $270 for a household of four) and copays for prescription drugs. (NHPR)

July 17, 2025: In Colorado, more than 300,000 people will face higher premiums in the new year after a rate hike of at least 28%. (Colorado Sun)

June 27, 2025: A 25-bed critical access hospital in Colorado lays off 5% of its staff in anticipation of the passage of the largest cuts to Medicaid in history. (CPR News)

Stories from Californians in Medicaid Home and Community Based Services (HCBS) Programs

Last updated March 24, 2026

Older Californians, people with disabilities, and their caregivers shared their stories with Justice in Aging about the Medicaid funded home- and community-based services (HCBS) programs that work together to support them to live and age with dignity at home. These programs include:

- **In-Home Supportive Services (IHSS)**
- **Community-Based Adult Services (CBAS)**
- **Multipurpose Senior Services Program (MSSP)**
- **Home and Community-Based Alternatives Waiver (HCBA)**
- **Assisted Living Waiver**

Stories

In some cases, names have been changed to protect privacy.

Amy

Kern County

Amy, 63 years old, was born in Burbank, where she also raised her seven children and supported her family as a certified medical technician in a local hospital. But when her parents' health declined, she quit her job and moved with her kids to Bakersfield where her parents now lived. Amy became the **In-Home Supportive Services (IHSS)** caregiver for her parents, taking them to dialysis appointments, taking them grocery shopping, helping them with their medication, helping them with hygiene, and making sure they do not develop bed sores. Because she was earning half of what she was making at her hospital job, Amy also worked for other IHSS recipients to make ends meet. But Amy was struggling with her own health problems including congestive heart and lung failure. She was dependent on an oxygen tank, which she left in the car when she went into IHSS recipients' homes. After Amy was hospitalized with pneumonia, her doctor told her she can no longer work. She not only lost her source of income, she also needed help at home when she was discharged from the hospital. She was now using a walker, could not get in and out of the shower by herself, needed help with household chores, and shopping, and going to the doctor. Her daughter became her IHSS caregiver.

"My kids know this is how we do things in our family—we don't do nursing homes. They saw the way I took care of my parents, and that's the way they take care of me. When you take care of family—you don't have to worry, you're always watching what's happening with them. The peace of mind that I had to be there for my parents at every turn, every need, to know they

were secure, not around strangers, everything around them was their own, they were not strangers, they can trust whoever is in front of them—it is absolutely priceless. In so many ways the IHSS program, with all its ups and downs and the glitches—it has done wonderful things for the life of so many people, for their security and dignity to have someone who will take care for them. And they don't have to be abandoned and left alone somewhere."

Victoria

Sacramento County

Victoria was a teacher at a Head Start program, a job she loved, but had to leave after injuries from a car accident left her in pain and with limited strength. She struggles with major depressive, bipolar and attention deficit disorders. And in 2017, she was diagnosed with stage 4 endometrial cancer. The treatment further weakened her—she was not able to walk, to stand up by herself, to drive to medical appointments or to cook. Her partner became her **In-Home Supportive Services (IHSS)** caregiver and took her to all her chemotherapy treatments, cooked for her, did all the shopping and housework, helped her dress and eat. While she recovered from the cancer, the treatment and her previous injuries left her weakened and physically unable to complete simple household tasks. Then, while still fighting the cancer, Victoria lost her housing when her mobile home park was sold and all the residents were evicted. Her partner passed away and she had to find another caregiver, while couch-surfing at friends' homes.

Through all the treatments, the loss, and the housing instability, her IHSS caregivers followed her, helping her pack and move, helping her manage her complex medications, ensuring that she can show up to appointments, has clean clothes to wear, has food to eat, and maintains her mental health through daily walks and light therapeutic gardening.

"It takes me too long to do simple chores like doing the dishes or making food—without help, most of my day would be spent on chores that would take most people an hour or two the most. Having an IHSS caregiver makes life bearable. I can have people over, because my house is clean. Without my IHSS caregiver, I wouldn't be able to have the active life with family and friends. I would be isolated and very depressed. It's very important to live a life of dignity, that's organized, in a nice and clean home, with routine, bringing stability after a lot of instability."

Kristy and Carrie

Los Angeles County, CA

Kristy and her sister Carrie, now in their 60s, were born with muscular dystrophy that weakened their muscles over time. They are now both wheelchair-dependent. Both rely on personal care services provided through California's **In-Home Supportive Services (IHSS)** program for their daily activities, including getting in and out of bed, dressing, showering, and preparing food. Since they've started receiving IHSS services, both Kristy and Carrie have been able to start working. Their caregiving attendant helps them get ready every morning, including helping Carrie get to public transportation that takes her to her job. She then assists Kristy in settling into her home office where she can get onto her morning Zoom meetings.

In Kristy's words: "I don't think I could be on my own without IHSS. I wouldn't be safe at all and I don't know how long I would last without an injury. And I wouldn't be able to work. I would not be able to get ready for the day, or to eat, or to go to in-person work events. Because IHSS allows me to work, I don't depend on SSI anymore and our life is decent. We don't have a lot but we have enough--we have a cat, bird feeders, have a decent living room that's wheelchair accessible, a little bit of furniture. We have the basics, everything we need to be happy."

Kristy and Carrie were featured in a 2025 NYT article*, The Madden Sisters Don't Want to Be Institutionalized: Medicaid pays for most of the in-home care that lets disabled Americans live independently. Will coming cuts put that care in jeopardy?*

Carol

Alameda County, CA

When Carol, a military veteran, began experiencing dementia-related cognitive decline, she moved in with her daughter, Danielle. Around the same time, Danielle became a new mother. Although Carol received 20 hours of caregiving support through the VA, it was not enough to ensure her safety while Danielle worked.

Enrollment in a nearby **Community-Based Adult Services (CBAS)** center changed everything. With Carol attending CBAS during the day, Danielle—now caring for two young children—was able to return to full-time work, knowing her mother was safe, engaged, and supported. At the center, Carol thrived. She participated in music therapy, art activities, and social events, and built meaningful connections with other participants. "My mom would light up when she went there," Danielle shared. "The social interaction, the music, the art—the sky was the limit."

In late 2024, the CBAS center closed, explaining that reimbursement rates had failed to keep pace with rising operational and real estate costs. With no other CBAS option nearby, Carol now spends her days at home, isolated and without the stimulation that once brought her joy.

Without CBAS, Danielle has been forced to reduce her work hours and is considering leaving her job entirely to care for her mother full time. "I feel sad because I like my job and what I do," she said. "But when I think long-term, being with my family has to come first."

Walter

Contra Costa County, CA

Walter, now 95, has worked his entire life—starting in the fields of Louisiana as a child and later as a truck driver. He lived independently and maintained a strong social life until dementia made it unsafe for him to remain alone. He moved to California to live with his son, John, who became his caregiver through the Medi-Cal **In-Home Supportive Services (IHSS)** program while working full-time night shifts at a local hospital.

As Walter's dementia progressed, he experienced increasing distress, depression, and agitation. He frequently woke in the middle of the night in panic, calling 911 when he couldn't find John. Emergency room visits became common. After enrolling in a local **Community-Based Adult Services (CBAS)** program, Walter's life—and John's—stabilized. At the center, Walter regained daily structure, social connection, and purpose. "He lights up every day when it's time to go,"

John said. “He calls it his job.” CBAS provides activities that stimulate Walter cognitively, physically, and socially—reducing sundowning symptoms and improving his mood and behavior. “He was never drawing before—now he’s drawing. It’s brought a new light and a new world.”

CBAS helps Walter remain safely at home, reduced crisis care, and supported a working family caregiver. For John, CBAS offers peace of mind and essential respite. Staff check in when Walter misses a day, ensuring continuity of care and safety. “This program is a major part of his life. I feel good knowing he’s happy and well taken care of.”

Janet

Santa Clara County, CA

At 98, Janet has been living with dementia for 15 years. Initially she lived on her own, but as her condition progressed and her caregiving needs increased, her daughter Julie and granddaughter Maddy found that it was too hard to meet her needs. Janet started attending the local **Community-Based Adult Services (CBAS)** program, and when the center closed during COVID, Maddy, then Julie, moved in and became her paid IHSS caregivers.

With the care that CBAS and her family members provide, Janet not only continues living in the home she has lived in since the 1970s—she is thriving. “My grandmother’s CBAS center has live music classes, she does crafts like watercolor, builds bird houses, draws stamps. She may not remember it when she returns home but her overall mood is just amazing. Instead of sitting at home and staring out the window like she used to, she’s getting the stimulation that she needs so that she’s calmer, she’s not up at night anymore, she has less behavioral issues.”

And the program is giving Julie and Maddy the time they need to take care of their needs too so they can have the strength to continue being there for Janet. “Places like [CBAS] prevent ruin for family caregivers on an emotional, physical and financial level. I have a lot of concerns about the way the world is, if this goes away, it will harm and generationally harm so many people.”

Ellie

Los Angeles County

A 90 years-old Holocaust survivor, Ellie lives with her son, her **In-Home Support Services (IHSS)** caregiver who is also an older adult. Having witnessed her own mother’s decline in a skilled nursing facility, Ellie intends to continue living independently in her own low-income senior apartment where she has cultivated a vibrant and supportive community of friends who celebrate holidays together, get together for evening games of rummy and cards, and share meals. But as she ages, Ellie’s evolving health conditions make it hard for her to cook for herself. Dizzy spells, low blood pressure and chronic pain put her at risk of falls and limit her ability to cook, clean, and care for herself, go to medical appointments, or continue visiting her neighbors. In the last couple of years, she broke one wrist, and then the other, and sustained a back injury.

Ellie enrolled in the **Multipurpose Senior Services Program (MSSP)** to fill in gaps in her care, monitor her changing needs, and help coordinate all her services and needs. They installed a

Lifeline emergency call button in her apartment so she would be safe at home. They help with filling out forms for the various Holocaust and other support programs that she receives to ensure housing and income stability. And MSSP hired an additional attendant to address homemaker needs not covered by IHSS. But the service that Ellie values most is the support she receives from her social worker, Debbie, who calls to check on her wellbeing, monitors her health for any changes in needs, and makes sure that she continues thriving in her own home.

"My own mother spent the end of her life in institutions—a nursing facility and board and care, and the care she received was bare minimum. I don't even want to think about it. I want to stay at home. MSSP helps me to live at home independently with assistance of IHSS and CBAS. My social worker calls me all the time-- once a month and sometimes more often to find out if there are changes in my conditions, how I'm feeling what I'm doing. Its good because I don't feel lonely. It makes me feel taken care of, because she calls me whenever I need it."

Laurel

Los Angeles County

Laurel is a 90-year-old Holocaust survivor. She lives alone in her Section 8 apartment in Los Angeles, with the support of **Multipurpose Senior Services Program (MSSP)** and the help of her **In-Home Supportive Services (IHSS)** caregiver. Staying engaged is very important to Laurel—she used to take free adult education courses in the community college nearby, go on walks outside, and go grocery shopping so she can cook for herself and her neighbors.

Fainting spells and falls make her cautious about going outside by herself, cooking, and even taking bathes when her IHSS caregiver is not there. When she enrolled in MSSP, her social worker Linda arranged for installation of a Lifeline emergency response system in her apartment, which she used after she fainted at home. Linda found Laurel a synagogue where she could celebrate holidays and attend services. She checks on Laurel frequently to make sure that her complex medical conditions are stable, and to see if she needs more supports. When reading became too difficult, Linda arranged for a stand-alone lighted magnifying glass so Laurel can continue reading when she sits on her couch. When cooking and cleaning became too difficult, Linda arranged for a caregiver, Robbie, to come on Sundays, Laurel's IHSS caregiver's day off. They cook together on the weekend cooking so that Laurel can continue sharing food with neighbors, with cleaning so she is comfortable having visitors come, and to go on outings in her community.

"MSSP and IHSS keep me in the home and help me survive and out of the home for the aged. I wouldn't survive there. I am used to living alone. But I am 90 years old, I don't venture outside by myself. I only venture out with my caregiver, Robbie. I live on the 2nd floor--I am afraid to go by myself. For me it is very dangerous to fall, and I can't go by myself, but with my caregiver I can go grocery shopping. And once a week we go out to lunch—it's something that I look forward to, going out to lunch with Robbie. And during the week I reheat tv dinners because I can't cook by myself anymore, but every Sunday Robbie comes over and we cook together. Well, she does everything and I supervise!"

Anika

Los Angeles County

Anika, a Holocaust survivor, worked since moving to the United States in the 1950s, often multiple jobs, until her health finally forced her to retire in her mid-70s. Now 90 years old, heart problems, high blood pressure, poor memory, and an upcoming knee surgery make it hard for her to cook for herself, keep her apartment tidy, and leave her home for grocery shopping and frequent medical appointments. While she receives 4 hours per day of **In-Home Supportive Services (IHSS)**, she needs additional help and frequent check-ins so that she can continue living safely in her home. **Multipurpose Senior Services Program (MSSP)** fills those gaps, focusing on fall prevention, health maintenance, isolation prevention and housing and economic security. Her MSSP social worker calls to check on her changing needs, ensures she has a backup caregiver if hers does not show up, and helps her with annual renewal paperwork for the programs that support her including Holocaust survivor benefits, and Section 8 housing voucher. Recently, MSSP added supplemental homemaker services to help prepare her apartment for Section 8 annual inspections and installed a Lifeline emergency service to assist in case of falls.

"When I was young, I was working two jobs, seven years from morning to ten o'clock. But now my health is not the same. Life would be really hard without MSSP. I don't have a lot of money, my pension is very small, but I need someone to come to help me so I can stay in my home. This program is good for people like me -- we want to help to keep the program."

Don

Alameda County

At 73, Don was not ready to live in a nursing home. Most of his adult life he worked as a graphic designer and ran an independent business from his home but as his health conditions deteriorated, he lost his clients, then his home and had to move into a weekly hotel, in a room up three flights of stairs. He withdrew from many of the activities that gave him meaning—volunteering in the local school, teaching history during the summer, mentoring his nephew and his friends' kids.

Don experienced complications from diabetes and a complex heart condition that required surgery and a long recovery in the hospital and then a nursing facility. After intensive physical therapy, his needs were still too great to move back to the motel by himself. Don remained in the nursing facility for two more years before meeting someone from a **Home and Community-Based Alternatives Waiver (HCBA)** agency that was helping another resident. The agency helped him find an accessible home and arranged for the medical equipment that he needed to prevent edema and additional heart troubles. They helped him coordinate medical care for his complex medical conditions, and helped him find a caregiver that would help him live independently in his new home.

"Living in a nursing home--it's like living in a prison. Most people are not comfortable with someone else setting rules and dictating terms. You eat three meals a day, sleep in certain times, get up in certain times. It's so restrictive. I couldn't even visit my dying sister because I

would have lost my placement in the facility if I was gone for more than three days and I had no place to go to. When I enrolled in HCBA, the waiver agency helped me find a place that I wanted to live in and then got me all the things I needed to be able to live on my own. They helped find a caregiver, build relationships with medical providers, set up my new place. Now I can cook, set my own schedule, be myself again. Be who I was before medical changes and personal challenges. The program helped me get back to who I want to be and need to be."

Alex

Los Angeles County

At 82 years old, Alex has lived on his own most of his adult life. He is used to cooking his own meals, taking the bus to his weekly grocery store trips, and walking around the neighborhood. But after he suffered a stroke, and fell several times in his apartment and on his outings, he became concerned about his safety. Luckily his senior housing complex participates in the **Assisted Living Waiver (ALW)**. After enrolling in ALW he feels a lot safer and has been able to maintain his active lifestyle with the support of a dedicated staff of social workers and caregivers that help ensure he can continue going out into the community safely.
"All my life I've been living alone. I had my own apartment by myself. But then I had a stroke, and I fell four times. Now I still live in my own apartment but I have help from the staff here—they check on me, they make sure that I'm safe, that I take my medication, that my blood pressure is under control and my knees are not swollen from my diabetes. During the night they call you ask me how I'm doing--the caregiver will come up if I need help. It's good to have a backup in case I really need someone, especially at night."

Joe

San Mateo County

Joe, an older adult with significant health care needs and hearing impairment, was facing eviction and imminent homelessness. Without stable housing and supports, he was increasingly at risk of homelessness, hospitalization or placement in a nursing facility.
Joe applied for the **Assisted Living Waiver** with the help of a local waiver agency that coordinated supports from community partners and legal advocates to address the eviction, social service agencies to assist with housing placement, and care coordination to ensure his Medi-Cal eligibility remained active. Once he was successfully enrolled in the Assisted Living Waiver, Joe moved to an assisted living residence where his medical and daily living needs could be met in the community. Without this program, he likely would have required placement in a nursing facility following hospitalization or due to lack of safe housing.

State-Level Public Use File: Contents

Table	Name	Includes SBE Data
1	Applications for QHP Coverage	Yes
2	Plan Selections by Enrollment Status	Yes
3	Plan Selections by Switching Status	No
4	Plan Selections by Week	Yes
5	Consumers by Premiums and Financial Assistance	Yes
6	Consumers by Age, Gender, Race/Ethnicity, Rural/Non-Rural	Yes
7	Consumers by Metal Level	Yes
8	Consumers by Household Income as a Percent of FPL	Yes
9	Dental Plan Selections by Age	Yes
10	Basic Health Plan (BHP)	Yes

Table 1. Applications for QHP Coverage

State Name	State Abbr.	Platform	Number of Submitted Applications	Individuals Applying for Coverage on Submitted Applications
Alaska	AK	HC.gov	22,903	36,398
Alabama	AL	HC.gov	418,547	510,217
Arkansas	AR	HC.gov	134,429	195,818
Arizona	AZ	HC.gov	299,512	429,665
California	CA	SBE	4,028,011	8,224,767
Colorado	CO	SBE	360,901	399,062
Connecticut	CT	SBE	319,734	593,474
District Of Columbia	DC	SBE	18,276	22,977
Delaware	DE	HC.gov	36,567	54,164
Florida	FL	HC.gov	3,352,050	4,859,180
Georgia	GA	SBE	1,188,317	1,659,954
Hawaii	HI	HC.gov	22,664	31,697
Iowa	IA	HC.gov	105,088	148,488
Idaho	ID	SBE	89,287	174,042
Illinois	IL	SBE	463,111	675,232
Indiana	IN	HC.gov	260,361	363,374
Kansas	KS	HC.gov	158,807	218,596
Kentucky	KY	SBE	266,231	458,046
Louisiana	LA	HC.gov	273,202	336,704
Massachusetts	MA	SBE	1,333,855	2,378,498
Maryland	MD	SBE	485,689	997,317
Maine	ME	SBE	56,536	80,802
Michigan	MI	HC.gov	406,895	576,020
Minnesota	MN	SBE	259,893	388,845
Missouri	MO	HC.gov	315,716	425,575
Mississippi	MS	HC.gov	270,122	342,218
Montana	MT	HC.gov	60,957	94,672
North Carolina	NC	HC.gov	633,002	884,595
North Dakota	ND	HC.gov	26,883	47,419
Nebraska	NE	HC.gov	93,637	148,360
New Hampshire	NH	HC.gov	55,722	80,339
New Jersey	NJ	SBE	480,460	729,069
New Mexico	NM	SBE	84,155	119,376
Nevada	NV	SBE	85,909	132,840
New York	NY	SBE	1,639,094	2,823,719
Ohio	OH	HC.gov	410,158	552,726
Oklahoma	OK	HC.gov	219,383	300,270
Oregon	OR	HC.gov	107,518	157,709
Pennsylvania	PA	SBE	459,340	654,926
Rhode Island	RI	SBE	121,169	164,860
South Carolina	SC	HC.gov	480,688	644,278
South Dakota	SD	HC.gov	34,522	59,452
Tennessee	TN	HC.gov	493,938	642,418

Table 1. Applications for QHP Coverage

State Name	**State Abbr.**	**Platform**	**Number of Submitted Applications**	**Individuals Applying for Coverage on Submitted Applications**
Texas	TX	HC.gov	2,922,167	4,533,636
Utah	UT	HC.gov	219,286	433,000
Virginia	VA	SBE	303,662	489,831
Vermont	VT	SBE	39,601	74,135
Washington	WA	SBE	626,448	1,142,302
Wisconsin	WI	HC.gov	246,510	334,080
West Virginia	WV	HC.gov	51,686	68,673
Wyoming	WY	HC.gov	31,772	50,363
Total	**Total**	**HC.gov**	**12,164,692**	**17,560,104**
Total	**Total**	**SBE**	**12,709,679**	**22,384,074**
Total	**Total**	**All**	**24,874,371**	**39,944,178**

Table 1. Applications for QHP Coverage

State Abbr.	Individuals Determined Eligible to Enroll in a Qualified Healthcare Plan (QHP)	Individuals Determined Eligible to Enroll, with Financial Assistance	Individuals Determined or Assessed Eligible for Medicaid/CHIP by the Exchange
AK	30,512	21,786	6,349
AL	493,356	429,739	17,151
AR	174,090	145,960	24,891
AZ	401,271	325,289	34,159
CA	3,413,132	2,174,964	NR
CO	320,737	214,846	NR
CT	198,888	159,494	351,018
DC	18,391	3,394	4,586
DE	49,957	38,826	5,058
FL	4,787,915	4,435,104	73,292
GA	1,515,336	1,313,914	128,424
HI	27,097	19,342	5,341
IA	135,387	102,859	14,948
ID	135,329	103,361	4,397
IL	575,459	455,975	64,292
IN	336,291	276,322	31,424
KS	211,119	179,635	7,802
KY	104,836	78,967	344,172
LA	316,904	282,117	22,421
MA	972,774	491,123	1,245,092
MD	432,963	234,362	564,353
ME	67,897	47,072	12,138
MI	541,847	432,617	41,147
MN	344,995	139,587	39,057
MO	392,777	331,880	36,866
MS	336,094	310,149	6,386
MT	83,077	62,585	12,896
NC	832,450	705,285	60,228
ND	44,392	34,665	3,662
NE	140,104	117,461	9,972
NH	74,561	44,787	6,824
NJ	611,254	506,306	90,656
NM	104,812	82,141	7019
NV	123,586	98,943	7,043
NY	439,001	136,518	NR
OH	520,150	420,893	38,665
OK	283,722	255,727	19,977
OR	136,998	83,080	25,613
PA	604,956	462,010	48,262
RI	85,325	51,310	7,810
SC	629,524	545,298	15,431
SD	55,546	45,551	4,794
TN	624,097	539,138	19,651

Table 1. Applications for QHP Coverage

State Abbr.	Individuals Determined Eligible to Enroll in a Qualified Healthcare Plan (QHP)	Individuals Determined Eligible to Enroll, with Financial Assistance	Individuals Determined or Assessed Eligible for Medicaid/CHIP by the Exchange
TX	4,447,332	4,016,292	90,327
UT	414,130	367,240	22,650
VA	443,027	340,131	41,264
VT	43,427	28,019	28,694
WA	362,511	211,519	685,121
WI	318,169	244,428	18,901
WV	62,507	52,231	6,852
WY	48,035	38,347	2,422
Total	**16,949,411**	**14,904,633**	**686,100**
Total	**10,918,636**	**7,333,956**	**NR**
Total	**27,868,047**	**22,238,589**	**NR**

Table 2. Plan Selections by Enrollment Status

State Name	State Abbr.	Platform	Number of Consumers with an Exchange Plan Selection	New Consumers
Alaska	AK	HC.gov	26,079	4,584
Alabama	AL	HC.gov	455,776	60,346
Arkansas	AR	HC.gov	160,307	29,746
Arizona	AZ	HC.gov	357,144	56,742
California	CA	SBE	1,927,371	235,055
Colorado	CO	SBE	277,238	37,335
Connecticut	CT	SBE	156,745	26,902
District Of Columbia	DC	SBE	16,053	3,522
Delaware	DE	HC.gov	44,663	6,758
Florida	FL	HC.gov	4,538,772	725,149
Georgia	GA	SBE	1,324,295	192,032
Hawaii	HI	HC.gov	23,380	4,130
Iowa	IA	HC.gov	123,304	17,687
Idaho	ID	SBE	120,426	15,959
Illinois	IL	SBE	448,568	74,773
Indiana	IN	HC.gov	300,049	42,907
Kansas	KS	HC.gov	192,811	26,335
Kentucky	KY	SBE	89,028	15,624
Louisiana	LA	HC.gov	296,648	31,342
Massachusetts	MA	SBE	403,624	56,744
Maryland	MD	SBE	255,612	47,815
Maine	ME	SBE	58,523	8,577
Michigan	MI	HC.gov	497,064	64,637
Minnesota	MN	SBE	139,251	24,417
Missouri	MO	HC.gov	365,734	46,284
Mississippi	MS	HC.gov	313,392	62,394
Montana	MT	HC.gov	73,255	10,443
North Carolina	NC	HC.gov	761,457	125,794
North Dakota	ND	HC.gov	41,014	5,230
Nebraska	NE	HC.gov	128,492	14,833
New Hampshire	NH	HC.gov	66,024	11,751
New Jersey	NJ	SBE	509,192	77,970
New Mexico	NM	SBE	83,103	12,863
Nevada	NV	SBE	104,286	20,911
New York	NY	SBE	210,704	31,868
Ohio	OH	HC.gov	469,616	73,309
Oklahoma	OK	HC.gov	261,887	33,769
Oregon	OR	HC.gov	118,372	16,801
Pennsylvania	PA	SBE	501,459	81,373
Rhode Island	RI	SBE	43,446	9,818
South Carolina	SC	HC.gov	587,567	84,654

Table 2. Plan Selections by Enrollment Status

State Name	State Abbr.	Platform	Number of Consumers with an Exchange Plan Selection	New Consumers
South Dakota	SD	HC.gov	50,951	6,685
Tennessee	TN	HC.gov	569,310	92,921
Texas	TX	HC.gov	4,172,233	764,316
Utah	UT	HC.gov	387,336	46,063
Virginia	VA	SBE	370,086	58,469
Vermont	VT	SBE	30,344	2,492
Washington	WA	SBE	290,109	51,635
Wisconsin	WI	HC.gov	291,336	39,582
West Virginia	WV	HC.gov	55,879	6,922
Wyoming	WY	HC.gov	41,545	5,503
Total	**Total**	**HC.gov**	**15,771,397**	**2,517,617**
Total	**Total**	**SBE**	**7,359,463**	**1,086,154**
Total	**Total**	**All**	**23,130,860**	**3,603,771**

Table 2. Plan Selections by Enrollment Status

State Abbr.	Total Re-enrollees	Active Re-enrollees	Automatic Re-enrollees	Number of Consumers with an Exhange Plan Selection assisted by an Agent or Broker
AK	21,495	15,845	5,650	6,143
AL	395,430	193,074	202,356	282,921
AR	130,561	76,556	54,005	104,806
AZ	300,402	172,889	127,513	234,910
CA	1,692,316	538,476	1,153,840	NR
CO	239,903	146,249	93,654	NR
CT	129,843	55,130	74,713	NR
DC	12,531	1,456	11,075	NR
DE	37,905	23,460	14,445	21,391
FL	3,813,623	2,786,806	1,026,817	3,916,082
GA	1,132,263	510,966	621,297	NR
HI	19,250	12,614	6,636	2,335
IA	105,617	65,823	39,794	78,274
ID	104,467	33,279	71,188	NR
IL	373,795	182,167	191,628	NR
IN	257,142	133,201	123,941	212,287
KS	166,476	92,554	73,922	125,658
KY	73,404	28,226	45,178	NR
LA	265,306	103,783	161,523	235,246
MA	346,880	159,341	187,539	NR
MD	207,797	61,434	146,363	NR
ME	49,946	26,149	23,797	NR
MI	432,427	235,220	197,207	336,810
MN	114,834	30,875	83,959	NR
MO	319,450	166,907	152,543	278,754
MS	250,998	119,770	131,228	268,962
MT	62,812	39,032	23,780	32,467
NC	635,663	384,487	251,176	553,386
ND	35,784	25,848	9,936	22,558
NE	113,659	77,150	36,509	92,214
NH	54,273	34,260	20,013	28,642
NJ	431,222	219,933	211,289	NR
NM	70,240	20,159	50,081	NR
NV	83,375	42,654	40,721	NR
NY	178,836	71,295	107,541	NR
OH	396,307	208,141	188,166	330,084
OK	228,118	119,580	108,538	195,263
OR	101,571	70,004	31,567	43,255
PA	420,086	143,158	276,928	NR
RI	33,628	8,208	25,420	NR
SC	502,913	266,081	236,832	470,652

Table 2. Plan Selections by Enrollment Status

State Abbr.	Total Re-enrollees	Active Re-enrollees	Automatic Re-enrollees	Number of Consumers with an Exhange Plan Selection assisted by an Agent or Broker
SD	44,266	32,986	11,280	29,120
TN	476,389	259,380	217,009	406,807
TX	3,407,917	2,072,012	1,335,905	3,457,403
UT	341,273	255,681	85,592	310,343
VA	311,617	90,220	221,397	NR
VT	27,852	5,725	22,127	NR
WA	238,474	77,734	160,740	NR
WI	251,754	172,086	79,668	165,057
WV	48,957	22,478	26,479	31,808
WY	36,042	24,360	11,682	15,727
Total	**13,253,780**	**8,262,068**	**4,991,712**	**12,289,365**
Total	**6,273,309**	**2,452,834**	**3,820,475**	**NR**
Total	**19,527,089**	**10,714,902**	**8,812,187**	**NR**

Table 2. Plan Selections by Enrollment Status

State Abbr.	New Consumers Assisted by an Agent or Broker	Total Re-enrollees Assisted by an Agent or Broker	Active Re-enrolles Assisted by an Agent or Broker	Automatic Re-enrollees Previously Assisted by an Agent or Broker
AK	1,059	5,084	3,494	1,590
AL	31,750	251,171	96,362	154,809
AR	17,892	86,914	49,950	36,964
AZ	36,832	198,078	103,044	95,034
CA	NR	NR	NR	NR
CO	NR	NR	NR	NR
CT	NR	NR	NR	NR
DC	NR	NR	NR	NR
DE	3,022	18,369	10,410	7,959
FL	608,683	3,307,399	2,441,094	866,305
GA	NR	NR	NR	NR
HI	465	1,870	1,070	800
IA	10,722	67,552	40,339	27,213
ID	NR	NR	NR	NR
IL	NR	NR	NR	NR
IN	28,079	184,208	85,586	98,622
KS	15,775	109,883	53,626	56,257
KY	NR	NR	NR	NR
LA	21,449	213,797	73,646	140,151
MA	NR	NR	NR	NR
MD	NR	NR	NR	NR
ME	NR	NR	NR	NR
MI	36,701	300,109	149,369	150,740
MN	NR	NR	NR	NR
MO	31,688	247,066	118,035	129,031
MS	53,217	215,745	97,865	117,880
MT	4,119	28,348	16,526	11,822
NC	89,264	464,122	262,888	201,234
ND	2,469	20,089	15,044	5,045
NE	9,227	82,987	55,842	27,145
NH	4,548	24,094	13,989	10,105
NJ	NR	NR	NR	NR
NM	NR	NR	NR	NR
NV	NR	NR	NR	NR
NY	NR	NR	NR	NR
OH	49,417	280,667	129,829	150,838
OK	23,808	171,455	83,180	88,275
OR	5,447	37,808	26,219	11,589
PA	NR	NR	NR	NR
RI	NR	NR	NR	NR
SC	62,660	407,992	199,003	208,989

Table 2. Plan Selections by Enrollment Status

State Abbr.	New Consumers Assisted by an Agent or Broker	Total Re-enrollees Assisted by an Agent or Broker	Active Re-enrolles Assisted by an Agent or Broker	Automatic Re-enrollees Previously Assisted by an Agent or Broker
SD	3,271	25,849	19,931	5,918
TN	64,164	342,643	168,301	174,342
TX	621,533	2,835,870	1,675,650	1,160,220
UT	33,827	276,516	210,915	65,601
VA	NR	NR	NR	NR
VT	NR	NR	NR	NR
WA	NR	NR	NR	NR
WI	20,096	144,961	97,194	47,767
WV	3,252	28,556	9,845	18,711
WY	2,076	13,651	8,929	4,722
Total	**1,896,512**	**10,392,853**	**6,317,175**	**4,075,678**
Total	**NR**	**NR**	**NR**	**NR**
Total	**NR**	**NR**	**NR**	**NR**

Table 3. Plan Selections by Switching Status

State Name	State Abbr.	Platform	Active Re-enrollees	Active Re-enrollees who Switched Plans
Alaska	AK	HC.gov	15,845	6,058
Alabama	AL	HC.gov	193,074	102,537
Arkansas	AR	HC.gov	76,556	55,853
Arizona	AZ	HC.gov	172,889	132,452
Delaware	DE	HC.gov	23,460	13,473
Florida	FL	HC.gov	2,786,806	1,934,687
Hawaii	HI	HC.gov	12,614	5,155
Iowa	IA	HC.gov	65,823	30,117
Indiana	IN	HC.gov	133,201	76,198
Kansas	KS	HC.gov	92,554	52,675
Louisiana	LA	HC.gov	103,783	59,356
Michigan	MI	HC.gov	235,220	142,045
Missouri	MO	HC.gov	166,907	100,836
Mississippi	MS	HC.gov	119,770	72,459
Montana	MT	HC.gov	39,032	20,104
North Carolina	NC	HC.gov	384,487	231,192
North Dakota	ND	HC.gov	25,848	13,298
Nebraska	NE	HC.gov	77,150	49,451
New Hampshire	NH	HC.gov	34,260	20,142
Ohio	OH	HC.gov	208,141	132,782
Oklahoma	OK	HC.gov	119,580	81,750
Oregon	OR	HC.gov	70,004	27,267
South Carolina	SC	HC.gov	266,081	138,150
South Dakota	SD	HC.gov	32,986	16,683
Tennessee	TN	HC.gov	259,380	157,621
Texas	TX	HC.gov	2,072,012	1,421,250
Utah	UT	HC.gov	255,681	114,517
Wisconsin	WI	HC.gov	172,086	92,305
West Virginia	WV	HC.gov	22,478	9,515
Wyoming	WY	HC.gov	24,360	12,068
Total	**Total**	**HC.gov**	**8,262,068**	**5,321,996**

Table 3. Plan Selections by Switching Status

State Abbr.	Active Re-enrollees who Remained in the Same Plan or a Crosswalked Plan
AK	9,787
AL	90,537
AR	20,703
AZ	40,437
DE	9,987
FL	852,119
HI	7,459
IA	35,706
IN	57,003
KS	39,879
LA	44,427
MI	93,175
MO	66,071
MS	47,311
MT	18,928
NC	153,295
ND	12,550
NE	27,699
NH	14,118
OH	75,359
OK	37,830
OR	42,737
SC	127,931
SD	16,303
TN	101,759
TX	650,762
UT	141,164
WI	79,781
WV	12,963
WY	12,292
Total	**2,940,072**

Table 4. Plan Selections by Week

State Name	State Abbr.	Platform	Number of Consumers with an Exchange Plan Selection	Week 1 (Nov. 1, 2025)
Alaska	AK	HC.gov	26,079	414
Alabama	AL	HC.gov	455,776	5,458
Arkansas	AR	HC.gov	160,307	1,316
Arizona	AZ	HC.gov	357,144	2,848
California	CA	SBE	1,927,371	177,638
Colorado	CO	SBE	277,238	2,975
Connecticut	CT	SBE	156,745	1,409
District Of Columbia	DC	SBE	16,053	147
Delaware	DE	HC.gov	44,663	467
Florida	FL	HC.gov	4,538,772	48,086
Georgia	GA	SBE	1,324,295	16,669
Hawaii	HI	HC.gov	23,380	447
Iowa	IA	HC.gov	123,304	1,236
Idaho	ID	SBE	120,426	7,769
Illinois	IL	SBE	448,568	3,096
Indiana	IN	HC.gov	300,049	2,209
Kansas	KS	HC.gov	192,811	1,925
Kentucky	KY	SBE	89,028	367
Louisiana	LA	HC.gov	296,648	1,513
Massachusetts	MA	SBE	403,624	2,996
Maryland	MD	SBE	255,612	1,252
Maine	ME	SBE	58,523	1,472
Michigan	MI	HC.gov	497,064	3,817
Minnesota	MN	SBE	139,251	624
Missouri	MO	HC.gov	365,734	2,836
Mississippi	MS	HC.gov	313,392	2,084
Montana	MT	HC.gov	73,255	686
North Carolina	NC	HC.gov	761,457	6,804
North Dakota	ND	HC.gov	41,014	370
Nebraska	NE	HC.gov	128,492	868
New Hampshire	NH	HC.gov	66,024	713
New Jersey	NJ	SBE	509,192	6,531
New Mexico	NM	SBE	83,103	457
Nevada	NV	SBE	104,286	1,759
New York*	NY	SBE	210,704	242
Ohio	OH	HC.gov	469,616	3,002
Oklahoma	OK	HC.gov	261,887	1,726
Oregon	OR	HC.gov	118,372	1,776
Pennsylvania	PA	SBE	501,459	2,998
Rhode Island	RI	SBE	43,446	405
South Carolina	SC	HC.gov	587,567	4,288
South Dakota	SD	HC.gov	50,951	438
Tennessee	TN	HC.gov	569,310	5,515
Texas	TX	HC.gov	4,172,233	36,212

Table 4. Plan Selections by Week

State Name	State Abbr.	Platform	Number of Consumers with an Exchange Plan Selection	Week 1 (Nov. 1, 2025)
Utah	UT	HC.gov	387,336	3,849
Virginia	VA	SBE	370,086	5,377
Vermont	VT	SBE	30,344	549
Washington	WA	SBE	290,109	3,069
Wisconsin	WI	HC.gov	291,336	3,092
West Virginia	WV	HC.gov	55,879	641
Wyoming	WY	HC.gov	41,545	589
Total	**Total**	**HC.gov**	**15,771,397**	**145,225**
Total	**Total**	**SBE**	**7,359,463**	**237,801**
Total	**Total**	**All**	**23,130,860**	**383,026**

*New York did not begin processing PY 2026 renewal applications until November 16, 2025.

**HC.gov states include data through January 15 for Week 12. SBEs with Open Enrollment Periods that er

† For SBEs with Open Enrollment Periods that end after Week 12, final plan selection counts are included i

Table 4. Plan Selections by Week

State Abbr.	Week 2 (Nov. 2-8, 2025)	Week 3 (Nov. 9-15, 2025)	Week 4 (Nov. 16-22, 2025)	Week 5 (Nov. 23 - Nov. 29, 2025)
AK	2,607	4,323	6,155	7,397
AL	34,941	59,090	81,133	97,512
AR	11,711	21,365	31,076	37,449
AZ	21,534	39,877	59,712	75,872
CA	268,135	345,286	389,076	410,902
CO	27,471	49,314	48,988	86,126
CT	13,411	23,452	33,294	43,651
DC	419	640	878	1,044
DE	2,926	5,324	7,981	9,843
FL	477,391	915,049	1,358,827	1,686,194
GA	80,302	146,735	213,873	260,898
HI	2,470	3,885	5,154	6,138
IA	9,471	17,184	25,502	31,888
ID	11,279	14,603	18,568	22,387
IL	21,279	42,308	65,329	83,472
IN	17,589	33,414	49,486	62,985
KS	14,062	25,104	36,427	45,086
KY	4,380	8,092	12,014	14,724
LA	13,710	25,896	38,904	48,350
MA	21,404	35,048	48,494	60,758
MD	13,147	23,173	32,299	38,777
ME	5,793	9,355	12,437	14,498
MI	30,804	57,206	87,046	109,172
MN	4,730	7,948	12,000	15,150
MO	24,755	45,968	67,939	84,832
MS	20,796	38,310	54,926	67,134
MT	5,071	8,833	13,051	16,022
NC	57,242	108,258	158,789	195,836
ND	2,597	4,705	7,488	9,757
NE	8,474	16,573	26,929	34,884
NH	4,963	8,659	12,684	15,526
NJ	29,174	49,890	69,771	86,299
NM	3,164	6,204	9,429	11,263
NV	7,832	13,408	18,786	23,007
NY	1932	3,337	28,259	37,191
OH	26,111	50,244	75,831	96,831
OK	16,105	30,140	45,182	56,713
OR	10,229	17,054	24,243	29,195
PA	21,059	37,429	56,735	70,966
RI	1283	2,020	2,768	3,253
SC	37,327	70,003	102,332	126,058
SD	3,660	6,743	10,309	13,063
TN	41,493	76,030	110,050	136,544
TX	351,507	691,252	1,025,213	1,265,670

Table 4. Plan Selections by Week

State Abbr.	Week 2 (Nov. 2-8, 2025)	Week 3 (Nov. 9-15, 2025)	Week 4 (Nov. 16-22, 2025)	Week 5 (Nov. 23 - Nov. 29, 2025)
UT	35,571	69,747	103,807	128,548
VA	18,411	31,302	42,616	50,469
VT	1,267	1,959	2,407	2,994
WA	16,016	26,565	37,384	45,048
WI	25,115	46,492	68,763	84,398
WV	4,018	6,614	9,419	11,113
WY	4,110	6,820	9,538	11,624
Total	**1,318,360**	**2,510,162**	**3,713,896**	**4,601,634**
Total	**571,888**	**878,068**	**1,155,405**	**1,382,877**
Total	**1,890,248**	**3,388,230**	**4,869,301**	**5,984,511**

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ata throded during Week 12 report data through their respective end dates. See the PUF FAQ document for moı

ɔllmentin the “Number of Consumers with an Exchange Plan Selection" column.

Table 4. Plan Selections by Week

State Abbr.	Week 6 (Nov. 30 - Dec. 6, 2025)	Week 7 (Dec. 7-13, 2025)	Week 8 (Dec. 14-20, 2025)	Week 9 (Dec. 21-27, 2025)
AK	9,977	14,132	26,133	25,854
AL	126,565	169,725	451,356	451,058
AR	49,587	69,344	157,568	157,033
AZ	103,934	148,618	361,766	358,165
CA	451,576	1,942,928	1,939,528	1,936,095
CO	85,554	84,775	256,001	258,341
CT	49,882	140,877	148,852	149,523
DC	1,508	15,136	15,290	15,323
DE	13,747	19,724	44,429	44,125
FL	2,136,458	2,720,231	4,482,268	4,485,371
GA	362,096	1,297,068	1,315,164	1,315,208
HI	7,972	11,281	23,262	23,114
IA	43,216	62,204	123,783	123,124
ID	28,210	118,083	120,426	120,426
IL	112,808	440,481	445,657	445,565
IN	85,730	122,213	303,928	301,824
KS	60,155	83,053	190,799	190,721
KY	19,699	82,539	85,676	85,717
LA	64,876	90,542	296,989	296,580
MA	83,309	384,131	381,352	382,580
MD	49,126	244,006	246,582	247,512
ME	18,772	57,881	58,374	58,188
MI	148,164	209,590	496,227	493,760
MN	21,278	131,502	135,768	135,200
MO	112,529	153,853	366,943	365,955
MS	94,950	128,636	311,082	310,425
MT	22,206	33,387	74,304	73,255
NC	260,239	359,804	764,673	764,018
ND	14,416	22,394	41,056	40,808
NE	48,853	69,814	129,551	128,433
NH	21,525	31,213	65,641	65,353
NJ	109,784	481,384	484,528	486,231
NM	14,899	76,887	78,182	78,492
NV	29,288	100,044	100,800	100,432
NY	51,777	191,512	205,989	206,037
OH	133,358	192,231	472,868	470,531
OK	75,066	103,206	265,002	263,810
OR	39,751	59,128	121,850	120,083
PA	102,337	474,897	478,797	477,950
RI	4,413	44,463	44,171	43,897
SC	169,419	237,770	578,834	578,986
SD	18,381	28,451	51,139	50,597
TN	179,764	241,070	561,369	561,166
TX	1,594,634	2,056,215	4,088,854	4,109,707

Table 4. Plan Selections by Week

State Abbr.	Week 6 (Nov. 30 - Dec. 6, 2025)	Week 7 (Dec. 7-13, 2025)	Week 8 (Dec. 14-20, 2025)	Week 9 (Dec. 21-27, 2025)
UT	170,400	231,209	390,527	386,685
VA	64,509	358,000	364,420	365,167
VT	3,833	31,562	31,229	31,102
WA	63,906	273,260	277,532	277,225
WI	114,015	159,214	292,268	290,582
WV	14,559	20,014	56,239	55,721
WY	15,665	21,506	42,200	41,847
Total	**5,950,111**	**7,869,772**	**15,632,908**	**15,628,691**
Total	**1,728,564**	**6,971,416**	**7,214,318**	**7,216,211**
Total	**7,678,675**	**14,841,188**	**22,847,226**	**22,844,902**

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Table 4. Plan Selections by Week

State Abbr.	Week 10 (Dec. 28, 2025-Jan. 3, 2026)	Week 11 (Jan. 4-10, 2026)	Week 12 (Jan. 11-15, 2026)**†
AK	25,493	25,539	26,079
AL	449,399	449,201	455,776
AR	156,478	156,786	160,307
AZ	353,000	350,412	357,144
CA	1,924,899	1,910,476	1,906,033
CO	262,510	266,988	276,680
CT	150,460	150,719	153,499
DC	15,348	15,323	15,620
DE	43,649	43,820	44,663
FL	4,474,300	4,479,800	4,538,772
GA	1,313,494	1,301,254	1,324,295
HI	23,046	22,965	23,380
IA	122,132	121,686	123,304
ID	120,426	120,426	120,426
IL	445,335	441,657	443,832
IN	300,135	296,071	300,049
KS	189,983	190,314	192,811
KY	85,917	86,297	89,028
LA	294,317	293,421	296,648
MA	379,295	385,361	391,698
MD	249,250	248,770	255,612
ME	57,751	57,456	58,523
MI	491,565	490,500	497,064
MN	135,018	134,825	139,251
MO	361,728	362,028	365,734
MS	307,054	308,602	313,392
MT	72,402	72,069	73,255
NC	755,919	758,208	761,457
ND	40,503	40,424	41,014
NE	127,567	127,523	128,492
NH	65,152	64,876	66,024
NJ	492,940	493,816	496,510
NM	79,236	80,163	83,103
NV	100,708	100,840	103,833
NY	206,468	208,040	207,613
OH	463,086	462,497	469,616
OK	258,926	259,110	261,887
OR	117,111	116,428	118,372
PA	481,069	482,183	487,227
RI	44,509	38,071	40,689
SC	575,718	578,965	587,567
SD	50,332	50,248	50,951
TN	557,101	559,240	569,310
TX	4,113,465	4,103,606	4,172,233

Table 4. Plan Selections by Week

State Abbr.	Week 10 (Dec. 28, 2025-Jan. 3, 2026)	Week 11 (Jan. 4-10, 2026)	Week 12 (Jan. 11-15, 2026)**†
UT	383,517	382,758	387,336
VA	367,229	365,787	367,908
VT	30,812	30,399	30,344
WA	278,403	282,971	290,109
WI	289,213	287,533	291,336
WV	55,127	55,094	55,879
WY	41,218	41,134	41,545
Total	**15,558,636**	**15,550,858**	**15,771,397**
Total	**7,221,077**	**7,201,822**	**7,281,833**
Total	**22,779,713**	**22,752,680**	**23,053,230**

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Table 5. Consumers by Premiums and Financial Assistance

State Name	State Abbr.	Platform	Number of Consumers with an Exchange Plan Selection	Average Premium
Alaska	AK	HC.gov	26,079	$ 1,043
Alabama	AL	HC.gov	455,776	$ 743
Arkansas	AR	HC.gov	160,307	$ 839
Arizona	AZ	HC.gov	357,144	$ 688
California	CA	SBE	1,927,371	$ 737
Colorado	CO	SBE	277,238	$ 673
Connecticut	CT	SBE	156,745	$ 1,030
District Of Columbia	DC	SBE	16,053	$ 815
Delaware	DE	HC.gov	44,663	$ 901
Florida	FL	HC.gov	4,538,772	$ 806
Georgia	GA	SBE	1,324,295	$ 777
Hawaii	HI	HC.gov	23,380	$ 778
Iowa	IA	HC.gov	123,304	$ 615
Idaho	ID	SBE	120,426	$ 509
Illinois	IL	SBE	448,568	$ 816
Indiana	IN	HC.gov	300,049	$ 623
Kansas	KS	HC.gov	192,811	$ 779
Kentucky	KY	SBE	89,028	$ 797
Louisiana	LA	HC.gov	296,648	$ 759
Massachusetts	MA	SBE	403,624	$ 594
Maryland	MD	SBE	255,612	$ 542
Maine	ME	SBE	58,523	$ 913
Michigan	MI	HC.gov	497,064	$ 657
Minnesota	MN	SBE	139,251	$ 639
Missouri	MO	HC.gov	365,734	$ 724
Mississippi	MS	HC.gov	313,392	$ 816
Montana	MT	HC.gov	73,255	$ 729
North Carolina	NC	HC.gov	761,457	$ 755
North Dakota	ND	HC.gov	41,014	$ 591
Nebraska	NE	HC.gov	128,492	$ 800
New Hampshire	NH	HC.gov	66,024	$ 553
New Jersey	NJ	SBE	509,192	$ 734
New Mexico	NM	SBE	83,103	$ 842
Nevada	NV	SBE	104,286	$ 659
New York	NY	SBE	210,704	$ 812
Ohio	OH	HC.gov	469,616	$ 665
Oklahoma	OK	HC.gov	261,887	$ 727
Oregon	OR	HC.gov	118,372	$ 741
Pennsylvania	PA	SBE	501,459	$ 742
Rhode Island	RI	SBE	43,446	$ 649
South Carolina	SC	HC.gov	587,567	$ 655

Table 5. Consumers by Premiums and Financial Assistance

State Name	State Abbr.	Platform	Number of Consumers with an Exchange Plan Selection	Average Premium
South Dakota	SD	HC.gov	50,951	$ 684
Tennessee	TN	HC.gov	569,310	$ 838
Texas	TX	HC.gov	4,172,233	$ 709
Utah	UT	HC.gov	387,336	$ 571
Virginia	VA	SBE	370,086	$ 575
Vermont	VT	SBE	30,344	$ 1,090
Washington	WA	SBE	290,109	$ 738
Wisconsin	WI	HC.gov	291,336	$ 784
West Virginia	WV	HC.gov	55,879	$ 1,314
Wyoming	WY	HC.gov	41,545	$ 1,217
Total	**Total**	**HC.gov**	**15,771,397**	**$ 746**
Total	**Total**	**SBE**	**7,359,463**	**$ 730**
Total	**Total**	**All**	**23,130,860**	**$ 741**

Table 5. Consumers by Premiums and Financial Assistance

State Abbr.	Average Premium after APTC	Consumers with a Premium ≤$10 after APTC	Consumers with APTC and/or CSRs	Consumers with CSRs
AK	$ 344	5,054	19,835	4,092
AL	$ 126	149,890	415,568	221,936
AR	$ 162	44,958	139,608	51,021
AZ	$ 229	62,361	296,237	119,059
CA	$ 264	212,367	1,578,342	837,535
CO	$ 318	46,686	192,067	73,868
CT	$ 277	38,233	123,907	83,665
DC	$ 725	*	3,017	503
DE	$ 320	5,529	36,058	10,073
FL	$ 106	1,525,517	4,298,085	2,164,168
GA	$ 164	307,776	1,181,762	675,862
HI	$ 372	1,169	16,757	5,179
IA	$ 235	17,048	93,994	26,367
ID	$ 202	15,087	92,256	31,552
IL	$ 230	97,565	382,499	129,236
IN	$ 222	30,907	250,880	144,117
KS	$ 160	54,975	171,263	82,814
KY	$ 288	5,096	72,810	38,204
LA	$ 144	98,447	270,603	104,278
MA	$ 325	6,783	292,919	202,567
MD	$ 284	5,301	172,940	66,136
ME	$ 340	4,796	43,623	14,059
MI	$ 222	80,373	404,240	187,924
MN	$ 437	*	69,397	11,775
MO	$ 173	90,976	316,770	124,690
MS	$ 131	81,264	299,069	186,310
MT	$ 230	16,901	57,435	17,672
NC	$ 180	224,848	663,536	209,992
ND	$ 229	6,113	32,330	8,575
NE	$ 217	22,486	111,290	31,736
NH	$ 342	1,649	37,029	15,992
NJ	$ 277	19,953	418,804	252,924
NM	$ 299	6,728	69,236	30,047
NV	$ 234	4,694	86,312	47,753
NY	$ 636	595	90,807	45,169
OH	$ 233	79,348	388,261	143,213
OK	$ 161	72,034	240,197	110,178
OR	$ 426	2,016	71,461	18,109
PA	$ 251	70,865	400,198	117,089
RI	$ 246	2,751	35,721	14,773
SC	$ 139	176,288	524,348	179,913

Table 5. Consumers by Premiums and Financial Assistance

State Abbr.	Average Premium after APTC	Consumers with a Premium ≤$10 after APTC	Consumers with APTC and/or CSRs	Consumers with CSRs
SD	$ 211	7,850	42,712	13,836
TN	$ 141	206,664	514,745	196,796
TX	$ 89	2,064,847	3,879,651	1,085,487
UT	$ 120	96,397	351,583	168,777
VA	$ 215	41,133	289,066	108,046
VT	$ 364	4,640	23,343	1,198
WA	$ 343	27,922	187,588	49,542
WI	$ 250	44,462	228,595	88,824
WV	$ 208	19,864	49,683	14,766
WY	$ 235	9,569	36,267	9,430
Total	**$ 137**	**5,299,804**	**14,258,090**	**5,745,324**
Total	**$ 266**	**919,273**	**5,806,614**	**2,831,503**
Total	**$ 178**	**6,219,077**	**20,064,704**	**8,576,827**

Table 5. Consumers by Premiums and Financial Assistance

State Abbr.	Consumers with 73% Actuarial Value	Consumers with 87% Actuarial Value	Consumers with 94% Actuarial Value	CSRs Reserved for Members of Federally Recognized Tribes and Alaska Native Claims Settlement Act Shareholders
AK	93	1,131	1,187	1,681
AL	10,227	35,521	175,509	679
AR	3,431	14,776	31,167	1,647
AZ	11,136	35,620	70,183	2,120
CA	NR	NR	NR	NR
CO	NR	NR	NR	NR
CT	NR	NR	NR	NR
DC	NR	NR	NR	NR
DE	369	3,075	6,595	34
FL	25,354	233,535	1,901,318	3,961
GA	NR	NR	NR	NR
HI	367	1,902	2,768	142
IA	854	8,590	16,768	155
ID	NR	NR	NR	NR
IL	NR	NR	NR	NR
IN	14,041	38,234	91,620	222
KS	2,160	13,329	65,653	1,672
KY	NR	NR	NR	NR
LA	3,878	21,348	78,645	407
MA	NR	NR	NR	NR
MD	NR	NR	NR	NR
ME	NR	NR	NR	NR
MI	17,029	51,343	117,980	1,572
MN	NR	NR	NR	NR
MO	3,830	29,816	89,802	1,242
MS	6,122	23,245	156,804	139
MT	1,593	7,066	6,716	2,297
NC	12,763	57,806	138,538	885
ND	735	3,226	3,818	796
NE	1,661	9,149	20,306	620
NH	2,848	7,298	5,806	40
NJ	NR	NR	NR	NR
NM	NR	NR	NR	NR
NV	NR	NR	NR	NR
NY	NR	NR	NR	NR
OH	12,252	37,110	93,654	197
OK	2,582	16,916	61,266	29,414
OR	9,078	4,476	3,761	794
PA	NR	NR	NR	NR
RI	NR	NR	NR	NR
SC	5,265	24,577	149,627	444

Table 5. Consumers by Premiums and Financial Assistance

State Abbr.	Consumers with 73% Actuarial Value	Consumers with 87% Actuarial Value	Consumers with 94% Actuarial Value	CSRs Reserved for Members of Federally Recognized Tribes and Alaska Native Claims Settlement Act Shareholders
SD	1,991	5,471	4,871	1,503
TN	5,304	31,537	159,344	611
TX	8,538	86,852	981,686	8,411
UT	9,350	47,188	109,024	3,215
VA	NR	NR	NR	NR
VT	NR	NR	NR	NR
WA	NR	NR	NR	NR
WI	6,130	25,740	55,682	1,272
WV	535	5,059	9,120	52
WY	194	2,215	6,391	630
Total	**179,710**	**883,151**	**4,615,609**	**66,854**
Total	**NR**	**NR**	**NR**	**NR**
Total	**NR**	**NR**	**NR**	**NR**

Table 5. Consumers by Premiums and Financial Assistance

State Abbr.	Consumers with APTC	Average APTC among Consumers Receiving APTC	Average Premium after APTC among Consumers Receiving APTC
AK	19,249	$ 947	$ 114
AL	415,172	$ 678	$ 70
AR	139,372	$ 779	$ 79
AZ	295,299	$ 555	$ 133
CA	1,577,627	$ 579	$ 165
CO	191,153	$ 511	$ 187
CT	123,873	$ 952	$ 100
DC	3,012	$ 480	$ 398
DE	36,026	$ 720	$ 172
FL	4,295,772	$ 740	$ 62
GA	1,180,015	$ 688	$ 89
HI	16,702	$ 568	$ 243
IA	93,877	$ 499	$ 134
ID	92,090	$ 402	$ 108
IL	382,114	$ 688	$ 142
IN	250,156	$ 481	$ 137
KS	170,974	$ 697	$ 80
KY	71,435	$ 634	$ 168
LA	270,419	$ 674	$ 82
MA	292,196	$ 371	$ 219
MD	172,309	$ 384	$ 181
ME	43,597	$ 769	$ 178
MI	402,911	$ 536	$ 127
MN	68,982	$ 409	$ 284
MO	316,392	$ 638	$ 90
MS	298,865	$ 718	$ 94
MT	56,892	$ 643	$ 107
NC	662,864	$ 660	$ 97
ND	32,183	$ 462	$ 126
NE	111,189	$ 674	$ 120
NH	36,748	$ 378	$ 200
NJ	418,531	$ 556	$ 185
NM	68,362	$ 659	$ 196
NV	85,980	$ 516	$ 148
NY	89,718	$ 422	$ 376
OH	387,729	$ 523	$ 131
OK	237,649	$ 624	$ 98
OR	71,031	$ 525	$ 253
PA	400,008	$ 616	$ 145
RI	35,699	$ 491	$ 166
SC	524,034	$ 579	$ 76

Table 5. Consumers by Premiums and Financial Assistance

State Abbr.	Consumers with APTC	Average APTC among Consumers Receiving APTC	Average Premium after APTC among Consumers Receiving APTC
SD	42,465	$ 568	$ 118
TN	514,288	$ 772	$ 67
TX	3,877,775	$ 667	$ 41
UT	350,154	$ 499	$ 68
VA	288,477	$ 461	$ 124
VT	23,336	$ 947	$ 183
WA	187,093	$ 612	$ 146
WI	228,117	$ 681	$ 123
WV	49,659	$ 1,244	$ 80
WY	36,186	$ 1,127	$ 88
Total	**14,240,149**	**$ 674**	**$ 73**
Total	**5,795,607**	**$ 590**	**$ 152**
Total	**20,035,756**	**$ 650**	**$ 96**

Table 6. Consumers by Age, Gender, Race/Ethnicity, Rural/Non-Rural

State Name	State Abbr.	Platform	Number of Consumers with an Exchange Plan Selection	Age < 18
Alaska	AK	HC.gov	26,079	4,547
Alabama	AL	HC.gov	455,776	14,889
Arkansas	AR	HC.gov	160,307	20,701
Arizona	AZ	HC.gov	357,144	47,071
California	CA	SBE	1,927,371	146,696
Colorado	CO	SBE	277,238	34,292
Connecticut	CT	SBE	156,745	9,418
District Of Columbia	DC	SBE	16,053	1,635
Delaware	DE	HC.gov	44,663	6,016
Florida	FL	HC.gov	4,538,772	563,684
Georgia	GA	SBE	1,324,295	123,661
Hawaii	HI	HC.gov	23,380	1,667
Iowa	IA	HC.gov	123,304	10,776
Idaho	ID	SBE	120,426	29,187
Illinois	IL	SBE	448,568	37,532
Indiana	IN	HC.gov	300,049	33,098
Kansas	KS	HC.gov	192,811	19,078
Kentucky	KY	SBE	89,028	6,848
Louisiana	LA	HC.gov	296,648	21,253
Massachusetts	MA	SBE	403,624	19,709
Maryland	MD	SBE	255,612	15,653
Maine	ME	SBE	58,523	5,899
Michigan	MI	HC.gov	497,064	57,935
Minnesota	MN	SBE	139,251	16,199
Missouri	MO	HC.gov	365,734	36,487
Mississippi	MS	HC.gov	313,392	28,732
Montana	MT	HC.gov	73,255	10,311
North Carolina	NC	HC.gov	761,457	81,512
North Dakota	ND	HC.gov	41,014	9,647
Nebraska	NE	HC.gov	128,492	23,273
New Hampshire	NH	HC.gov	66,024	6,458
New Jersey	NJ	SBE	509,192	43,167
New Mexico	NM	SBE	83,103	7,366
Nevada	NV	SBE	104,286	16,023
New York	NY	SBE	210,704	10,430
Ohio	OH	HC.gov	469,616	49,039
Oklahoma	OK	HC.gov	261,887	30,194
Oregon	OR	HC.gov	118,372	11,340
Pennsylvania	PA	SBE	501,459	39,969
Rhode Island	RI	SBE	43,446	2,256
South Carolina	SC	HC.gov	587,567	59,608
South Dakota	SD	HC.gov	50,951	11,405
Tennessee	TN	HC.gov	569,310	45,220
Texas	TX	HC.gov	4,172,233	668,809

Table 6. Consumers by Age, Gender, Race/Ethnicity, Rural/Non-Rural

State Name	State Abbr.	Platform	Number of Consumers with an Exchange Plan Selection	Age < 18
Utah	UT	HC.gov	387,336	109,906
Virginia	VA	SBE	370,086	51,996
Vermont	VT	SBE	30,344	1,830
Washington	WA	SBE	290,109	19,506
Wisconsin	WI	HC.gov	291,336	20,874
West Virginia	WV	HC.gov	55,879	3,451
Wyoming	WY	HC.gov	41,545	6,493
Total	**Total**	**HC.gov**	**15,771,397**	**2,013,474**
Total	**Total**	**SBE**	**7,359,463**	**639,272**
Total	**Total**	**All**	**23,130,860**	**2,652,746**

"+" indicates that a race category is not an option on an SBE's application and thus not applicable

Table 6. Consumers by Age, Gender, Race/Ethnicity, Rural/Non-Rural

State Abbr.	Age 18-25	Age 26-34	Age 35-44	Age 45-54
AK	1,773	3,962	5,061	4,503
AL	51,688	82,459	103,784	103,605
AR	16,196	24,671	29,055	30,582
AZ	34,469	51,832	62,052	63,911
CA	204,229	339,135	339,882	349,038
CO	24,137	43,764	49,444	45,639
CT	19,059	24,605	26,884	28,269
DC	1032	3,629	3,764	2,735
DE	3,972	6,282	7,457	7,442
FL	503,167	719,675	919,788	837,919
GA	168,535	224,980	263,585	263,502
HI	1,364	2,941	4,531	5,115
IA	11,107	18,474	21,587	21,724
ID	12,501	15,689	17,665	17,564
IL	42,692	79,958	82,443	79,170
IN	26,573	46,024	57,434	58,668
KS	21,582	31,367	40,410	35,825
KY	8,283	13,672	15,969	16,760
LA	29,803	47,651	64,388	64,580
MA	48,941	80,784	85,600	75,202
MD	30,289	49,532	48,122	44,150
ME	3,647	7,927	10,003	10,385
MI	45,737	79,210	87,019	86,257
MN	10,829	18,999	21,388	21,861
MO	32,421	54,443	73,463	72,763
MS	42,585	50,779	63,668	64,568
MT	6,556	11,499	13,577	12,498
NC	66,945	119,284	148,097	151,310
ND	3,698	5,960	6,800	5,459
NE	12,923	18,338	23,152	21,848
NH	5,372	10,135	11,496	10,857
NJ	55,560	90,571	87,970	93,349
NM	8,194	11,930	13,709	15,318
NV	8,060	13,239	17,819	17,903
NY	15,251	36,377	38,185	39,418
OH	41,017	71,154	84,165	86,431
OK	26,054	37,598	53,972	54,107
OR	7,112	13,831	20,864	24,175
PA	42,670	80,191	89,201	88,136
RI	5,052	7,551	8,291	8,208
SC	64,537	92,920	118,077	115,947
SD	4,581	7,272	8,237	7,297
TN	57,899	94,914	116,826	118,814
TX	485,549	637,307	853,029	731,528

Table 6. Consumers by Age, Gender, Race/Ethnicity, Rural/Non-Rural

State Abbr.	Age 18-25	Age 26-34	Age 35-44	Age 45-54
UT	50,560	66,646	60,528	49,036
VA	35,830	51,485	61,196	66,167
VT	2,712	4,690	5,657	5,816
WA	27,938	48,931	53,994	51,657
WI	24,188	41,573	46,593	48,337
WV	4,273	7,905	10,352	12,594
WY	3,991	6,461	7,496	6,698
Total	**1,687,692**	**2,462,567**	**3,122,958**	**2,914,398**
Total	**775,441**	**1,247,639**	**1,340,771**	**1,340,247**
Total	**2,463,133**	**3,710,206**	**4,463,729**	**4,254,645**

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Table 6. Consumers by Age, Gender, Race/Ethnicity, Rural/Non-Rural

State Abbr.	Age 55-64	Age ≥ 65	Male	Female
AK	5,916	317	12,421	13,658
AL	95,551	3,800	216,403	239,373
AR	38,040	1,062	70,501	89,806
AZ	92,951	4,858	174,957	182,187
CA	527,890	20,501	931,847	995,514
CO	67,420	12,542	131,758	145,475
CT	45,672	2,838	68,694	88,051
DC	2,981	277	NR	NR
DE	12,682	812	20,235	24,428
FL	875,830	118,709	2,186,272	2,352,500
GA	257,489	22,543	624,621	699,674
HI	7,264	498	10,771	12,609
IA	38,573	1,063	59,402	63,902
ID	27,368	452	56,020	64,406
IL	117,840	8,933	212,230	236,338
IN	74,899	3,353	148,122	151,927
KS	42,341	2,208	93,348	99,463
KY	26,811	685	38,446	50,576
LA	65,807	3,166	149,108	147,540
MA	87,340	5,789	179,192	221,459
MD	56,753	11,113	110,879	144,733
ME	20,271	391	26,910	31,613
MI	134,622	6,284	249,747	247,317
MN	49,301	674	66,073	73,178
MO	92,437	3,720	186,175	179,559
MS	60,813	2,247	147,288	166,104
MT	18,448	366	35,203	38,052
NC	182,796	11,513	372,621	388,836
ND	9,253	197	20,162	20,852
NE	27,776	1,182	63,521	64,971
NH	21,173	533	30,856	35,168
NJ	124,817	13,758	236,210	272,982
NM	24,547	2,039	36,561	46,542
NV	28,305	2,937	48,676	55,610
NY	67,356	3,687	102,028	108,676
OH	132,286	5,524	236,755	232,861
OK	56,947	3,015	130,062	131,825
OR	39,861	1,189	53,365	65,007
PA	155,023	6,269	233,983	267,476
RI	11,207	881	18,492	24,954
SC	130,910	5,568	287,019	300,548
SD	11,963	196	24,756	26,195
TN	129,107	6,530	286,608	282,702
TX	709,598	86,413	2,000,093	2,172,140

Table 6. Consumers by Age, Gender, Race/Ethnicity, Rural/Non-Rural

State Abbr.	Age 55-64	Age ≥ 65	Male	Female
UT	46,620	4,040	186,612	200,724
VA	93,825	9,587	173,752	196,334
VT	9,321	318	14,337	16,007
WA	81,114	6,969	131,440	158,669
WI	107,566	2,205	137,094	154,242
WV	16,854	450	26,444	29,435
WY	10,167	239	19,138	22,407
Total	**3,289,051**	**281,257**	**7,635,059**	**8,136,338**
Total	**1,882,651**	**133,183**	**NR**	**NR**
Total	**5,171,702**	**414,440**	**NR**	**NR**

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Table 6. Consumers by Age, Gender, Race/Ethnicity, Rural/Non-Rural

State Abbr.	Hispanic	American Indian / Alaska Native, Non-Hispanic	Asian, Non-Hispanic	Native Hawaiian / Pacific Islander, Non-Hispanic
AK	1,420	1,711	1,368	*
AL	10,521	1,210	12,468	103
AR	6,501	1298	4,206	*
AZ	43,865	1,672	16,684	280
CA	472,605	4,325	407,589	1,585
CO	5,236	238	4,497	64
CT	29,131	129	7,713	41
DC	NR	NR	NR	NR
DE	2,849	*	3,365	*
FL	802,052	3,289	85,403	1,058
GA	47,551	891	83,967	242
HI	1,641	*	7,781	549
IA	3,601	140	*	*
ID	9,005	453	2,218	172
IL	34,284	373	42,185	124
IN	10,563	248	14,358	49
KS	11,758	1082	5,819	*
KY	6,805	62	3,381	43
LA	6,550	*	8,286	*
MA	5,072	304	38,727	272
MD	36,777	241	33,836	198
ME	330	89	619	*
MI	12,589	1,303	16,407	99
MN	3,145	562	4,575	66
MO	8,320	*	10,699	*
MS	3,261	210	6,257	79
MT	1,968	2,069	823	*
NC	43,455	1,859	32,706	165
ND	1,219	661	1100	*
NE	6,750	476	2,907	43
NH	2,099	*	*	*
NJ	56,395	497	62,281	516
NM	21,641	2250	2,796	45
NV	8,259	575	16,991	244
NY	19,034	177	21,723	121
OH	11,694	319	15,212	71
OK	10,699	24,338	7,721	79
OR	7,014	551	7,991	158
PA	25,991	800	40,258	207
RI	6,996	115	1,325	25
SC	20,536	704	13,140	135
SD	1,512	1,359	*	*
TN	23,057	662	15,562	109
TX	739,242	6,948	208,593	950

Table 6. Consumers by Age, Gender, Race/Ethnicity, Rural/Non-Rural

State Abbr.	Hispanic	American Indian / Alaska Native, Non-Hispanic	Asian, Non-Hispanic	Native Hawaiian / Pacific Islander, Non-Hispanic
UT	29,645	2,320	7,804	965
VA	15,521	554	49,312	151
VT	401	*	345	*
WA	24,963	2,954	40,337	4,429
WI	10,206	1019	8,906	58
WV	784	*	*	*
WY	2,553	739	*	*
Total	**1,837,924**	**57,962**	**523,190**	**5,522**
Total	**NR**	**NR**	**NR**	**NR**
Total	**NR**	**NR**	**NR**	**NR**

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Table 6. Consumers by Age, Gender, Race/Ethnicity, Rural/Non-Rural

State Abbr.	Black / African American, Non-Hispanic	White, Non-Hispanic	Other Race, Non-Hispanic	Multiracial, Non-Hispanic
AK	309	15,621	*	1,047
AL	54,960	138,475	2,116	4,511
AR	10,146	73,754	*	2,055
AZ	6,892	102,635	2,413	4,806
CA	43,929	494,240	113,093	48,297
CO	649	39,860	+	1,477
CT	10,454	70,109	2,424	3,093
DC	NR	NR	NR	NR
DE	4,097	18,296	309	819
FL	257,856	615,530	24,419	23,015
GA	128,673	202,166	7,868	8,667
HI	*	7,506	284	2,676
IA	2,023	64,328	336	997
ID	605	86,440	3,110	1670
IL	17,629	189,395	4,732	5,470
IN	11,327	104,962	1,037	2,306
KS	4,540	66,077	*	2,847
KY	4,402	65,577	+	1,517
LA	21,656	58,160	1,156	2,045
MA	34,820	179,167	0	4,929
MD	52,169	79,868	5,089	7,792
ME	244	27,177	*	5,927
MI	18,558	185,353	4,283	5,268
MN	3,600	85,467	745	2,175
MO	10,304	114,278	1,367	2,917
MS	44,748	47,554	1,285	1269
MT	*	46,149	257	1,528
NC	44,142	239,105	4,435	6,754
ND	902	23,207	*	687
NE	2,114	55,940	356	1262
NH	486	41,448	400	763
NJ	32,547	191,873	12,558	7,719
NM	842	29,139	407	1194
NV	3,678	34,573	2,350	3,856
NY	8,992	128,512	5,261	5,091
OH	22,198	171,455	2,343	4,532
OK	5,062	62,065	885	6,659
OR	1,245	73,266	950	3,544
PA	22,545	284,307	6,636	6,915
RI	1,849	18,264	1,801	57
SC	40,917	149,068	2,622	4,445
SD	*	33,281	*	1,055
TN	28,830	172,480	2,599	4,665
TX	181,270	484,680	18,479	24,737

Table 6. Consumers by Age, Gender, Race/Ethnicity, Rural/Non-Rural

State Abbr.	Black / African American, Non-Hispanic	White, Non-Hispanic	Other Race, Non-Hispanic	Multiracial, Non-Hispanic
UT	1,376	117,481	1,212	3,697
VA	25,038	147,365	3,479	6,733
VT	190	15,492	230	+
WA	9,721	147,690	4,478	2,327
WI	7,241	156,773	961	3,084
WV	766	28,420	190	569
WY	*	26,682	*	920
Total	**784,792**	**3,494,029**	**76,869**	**125,479**
Total	**NR**	**NR**	**NR**	**NR**
Total	**NR**	**NR**	**NR**	**NR**

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Table 6. Consumers by Age, Gender, Race/Ethnicity, Rural/Non-Rural

State Abbr.	Unknown Race, Non-Hispanic	Non-Hispanic	Unknown Hispanic	Rural
AK	4,232	21,005	3,654	13,015
AL	231,412	234,015	211,240	145,455
AR	61,703	104,267	49,539	62,251
AZ	177,897	155,952	157,327	33,513
CA	341,708	NR	NR	NR
CO	227,579	NR	NR	NR
CT	33,651	NR	NR	NR
DC	NR	NR	NR	NR
DE	14,861	29,432	12,382	11,537
FL	2,726,150	1,206,831	2,529,889	137,683
GA	844,270	NR	NR	NR
HI	2,744	19,589	2,150	7,894
IA	48,851	79,625	40,078	59,998
ID	16,753	NR	NR	NR
IL	154,376	NR	NR	NR
IN	155,199	158,309	131,177	72,020
KS	99,688	93,276	87,777	69,456
KY	7,241	NR	NR	NR
LA	198,196	109,148	180,950	57,107
MA	140,333	NR	NR	NR
MD	39,642	NR	NR	NR
ME	24,072	NR	NR	NR
MI	253,204	277,401	207,074	95,740
MN	38,916	NR	NR	NR
MO	216,770	172,448	184,966	122,730
MS	208,729	132,325	177,806	181,317
MT	20,267	55,304	15,983	54,025
NC	388,836	396,230	321,772	186,581
ND	13,064	30,861	8,934	25,971
NE	58,644	74,535	47,207	60,722
NH	18,433	50,351	13,574	27,588
NJ	144,806	NR	NR	NR
NM	24,789	NR	NR	NR
NV	33,760	NR	NR	NR
NY	21,793	NR	NR	NR
OH	241,792	254,758	203,164	94,637
OK	144,379	120,748	130,440	113,455
OR	23,653	94,955	16,403	25,173
PA	113,800	NR	NR	NR
RI	13,014	NR	NR	NR
SC	356,000	260,377	306,654	127,381
SD	12,409	41,160	8,279	33,005
TN	321,346	260,241	286,012	164,889
TX	2,507,334	1,135,021	2,297,970	530,595

Table 6. Consumers by Age, Gender, Race/Ethnicity, Rural/Non-Rural

State Abbr.	Unknown Race, Non-Hispanic	Non-Hispanic	Unknown Hispanic	Rural
UT	222,836	173,178	184,513	58,209
VA	121,933	NR	NR	NR
VT	13,624	NR	NR	NR
WA	61,308	NR	NR	NR
WI	103,088	199,897	81,233	100,647
WV	24,114	34,436	20,659	24,274
WY	9,799	30,839	8,153	31,529
Total	**8,865,630**	**6,006,514**	**7,926,959**	**2,728,397**
Total	**NR**	**NR**	**NR**	**NR**
Total	**NR**	**NR**	**NR**	**NR**

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Table 6. Consumers by Age, Gender, Race/Ethnicity, Rural/Non-Rural

State Abbr.	Non-Rural
AK	13,064
AL	310,321
AR	98,056
AZ	323,631
CA	NR
CO	NR
CT	NR
DC	NR
DE	33,126
FL	4,401,089
GA	NR
HI	15,486
IA	63,306
ID	NR
IL	NR
IN	228,029
KS	123,355
KY	NR
LA	239,541
MA	NR
MD	NR
ME	NR
MI	401,324
MN	NR
MO	243,004
MS	132,075
MT	19,230
NC	574,876
ND	15,043
NE	67,770
NH	38,436
NJ	NR
NM	NR
NV	NR
NY	NR
OH	374,979
OK	148,432
OR	93,199
PA	NR
RI	NR
SC	460,186
SD	17,946
TN	404,421
TX	3,641,638

Table 6. Consumers by Age, Gender, Race/Ethnicity, Rural/Non-Rural

State Abbr.	Non-Rural
UT	329,127
VA	NR
VT	NR
WA	NR
WI	190,689
WV	31,605
WY	10,016
Total	**13,043,000**
Total	**NR**
Total	**NR**

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Table 7. Consumers by Metal Level

State Name	State Abbr.	Platform	Number of Consumers with an Exchange Plan Selection	Catastrophic
Alaska	AK	HC.gov	26,079	+
Alabama	AL	HC.gov	455,776	1,718
Arkansas	AR	HC.gov	160,307	1,217
Arizona	AZ	HC.gov	357,144	737
California	CA	SBE	1,927,371	15,592
Colorado	CO	SBE	277,238	1,375
Connecticut	CT	SBE	156,745	1,741
District Of Columbia	DC	SBE	16,053	433
Delaware	DE	HC.gov	44,663	1,123
Florida	FL	HC.gov	4,538,772	3,437
Georgia	GA	SBE	1,324,295	574
Hawaii	HI	HC.gov	23,380	446
Iowa	IA	HC.gov	123,304	184
Idaho	ID	SBE	120,426	563
Illinois	IL	SBE	448,568	282
Indiana	IN	HC.gov	300,049	*
Kansas	KS	HC.gov	192,811	130
Kentucky	KY	SBE	89,028	999
Louisiana	LA	HC.gov	296,648	+
Massachusetts	MA	SBE	403,624	889
Maryland	MD	SBE	255,612	2,564
Maine	ME	SBE	58,523	550
Michigan	MI	HC.gov	497,064	8,045
Minnesota	MN	SBE	139,251	+
Missouri	MO	HC.gov	365,734	791
Mississippi	MS	HC.gov	313,392	+
Montana	MT	HC.gov	73,255	3,238
North Carolina	NC	HC.gov	761,457	+
North Dakota	ND	HC.gov	41,014	791
Nebraska	NE	HC.gov	128,492	+
New Hampshire	NH	HC.gov	66,024	1,343
New Jersey	NJ	SBE	509,192	1,719
New Mexico	NM	SBE	83,103	+
Nevada	NV	SBE	104,286	291
New York	NY	SBE	210,704	4,036
Ohio	OH	HC.gov	469,616	+
Oklahoma	OK	HC.gov	261,887	1,127
Oregon	OR	HC.gov	118,372	+
Pennsylvania	PA	SBE	501,459	497
Rhode Island	RI	SBE	43,446	+
South Carolina	SC	HC.gov	587,567	+
South Dakota	SD	HC.gov	50,951	1,672
Tennessee	TN	HC.gov	569,310	+
Texas	TX	HC.gov	4,172,233	2,669

Table 7. Consumers by Metal Level

State Name	State Abbr.	Platform	Number of Consumers with an Exchange Plan Selection	Catastrophic
Utah	UT	HC.gov	387,336	+
Virginia	VA	SBE	370,086	3,195
Vermont	VT	SBE	30,344	188
Washington	WA	SBE	290,109	753
Wisconsin	WI	HC.gov	291,336	1,238
West Virginia	WV	HC.gov	55,879	*
Wyoming	WY	HC.gov	41,545	+
Total	**Total**	**HC.gov**	**15,771,397**	**31,248**
Total	**Total**	**SBE**	**7,359,463**	**36,241**
Total	**Total**	**All**	**23,130,860**	**67,489**

"+" indicates that a state Exchange does not have any catastrophic or platinum metal level plans available

Table 7. Consumers by Metal Level

State Abbr.	Bronze	Silver	Gold	Platinum
AK	12,441	2,618	11,020	+
AL	198,749	248,467	6,842	+
AR	52,071	55,449	50,562	1,008
AZ	200,376	142,749	13,282	+
CA	564,476	1,181,687	107,896	57,720
CO	106,571	80,695	88,597	+
CT	38,213	101,603	15,188	+
DC	5,263	3,356	4,705	2,296
DE	20,891	10,629	11,564	456
FL	1,677,199	2,228,615	624,080	5,441
GA	512,136	750,552	59,512	1,521
HI	9,317	5,663	4,585	3,369
IA	59,093	28,134	35,893	+
ID	70,540	36,828	11,669	826
IL	167,455	141,789	139,042	+
IN	107,691	184,739	6,908	*
KS	90,801	87,620	14,260	+
KY	35,330	46,821	5,878	+
LA	168,905	112,263	15,480	+
MA	34,062	358,260	7,385	3,028
MD	67,563	76,594	106,187	2,704
ME	33,814	19,513	4,392	254
MI	239,037	232,730	17,252	+
MN	77,802	40,677	20,772	+
MO	187,274	138,361	39,308	+
MS	113,435	198,108	1,849	+
MT	47,311	17,554	5,152	+
NC	486,199	232,430	42,828	+
ND	21,451	8,516	10,256	+
NE	84,672	35,102	8,718	+
NH	30,105	24,549	10,027	+
NJ	124,678	377,437	5,358	+
NM	2,596	30,201	50,306	+
NV	44,202	55,880	3,913	+
NY	104,370	75,396	15,723	11,179
OH	282,120	168,124	19,372	+
OK	152,229	88,181	20,350	+
OR	65,978	36,311	16,083	+
PA	151,590	131,343	216,977	1,052
RI	13,386	15,232	14,078	750
SC	377,450	193,860	16,257	+
SD	30,223	14,017	5,039	+
TN	319,290	213,810	36,113	97
TX	1,299,290	1,147,273	1,723,001	+

Table 7. Consumers by Metal Level

State Abbr.	Bronze	Silver	Gold	Platinum
UT	200,835	176,878	9,194	429
VA	156,700	115,308	93,512	1,371
VT	10,615	3,470	14,632	1,439
WA	86,954	49,999	152,403	+
WI	172,872	96,777	19,614	835
WV	21,474	15,875	17,784	*
WY	14,824	9,230	17,491	+
Total	**6,743,603**	**6,154,632**	**2,830,164**	**11,750**
Total	**2,408,316**	**3,692,641**	**1,138,125**	**84,140**
Total	**9,151,919**	**9,847,273**	**3,968,289**	**95,890**

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Table 8. Consumers by Household Income as a Percent of FPL

State Name	State Abbr.	Platform	Number of Consumers with an Exchange Plan Selection	<100% of FPL
Alaska	AK	HC.gov	26,079	127
Alabama	AL	HC.gov	455,776	6,581
Arkansas	AR	HC.gov	160,307	303
Arizona	AZ	HC.gov	357,144	880
California	CA	SBE	1,927,371	7,810
Colorado	CO	SBE	277,238	161
Connecticut	CT	SBE	156,745	0
District Of Columbia	DC	SBE	16,053	298
Delaware	DE	HC.gov	44,663	165
Florida	FL	HC.gov	4,538,772	21,739
Georgia	GA	SBE	1,324,295	74,101
Hawaii	HI	HC.gov	23,380	359
Iowa	IA	HC.gov	123,304	326
Idaho	ID	SBE	120,426	3,896
Illinois	IL	SBE	448,568	5,567
Indiana	IN	HC.gov	300,049	686
Kansas	KS	HC.gov	192,811	2,693
Kentucky	KY	SBE	89,028	341
Louisiana	LA	HC.gov	296,648	582
Massachusetts	MA	SBE	403,624	23,823
Maryland	MD	SBE	255,612	12,984
Maine	ME	SBE	58,523	1,171
Michigan	MI	HC.gov	497,064	2,048
Minnesota	MN	SBE	139,251	0
Missouri	MO	HC.gov	365,734	2,698
Mississippi	MS	HC.gov	313,392	2,189
Montana	MT	HC.gov	73,255	242
North Carolina	NC	HC.gov	761,457	7,445
North Dakota	ND	HC.gov	41,014	158
Nebraska	NE	HC.gov	128,492	237
New Hampshire	NH	HC.gov	66,024	242
New Jersey	NJ	SBE	509,192	10,757
New Mexico	NM	SBE	83,103	1,303
Nevada	NV	SBE	104,286	1,351
New York	NY	SBE	210,704	*
Ohio	OH	HC.gov	469,616	933
Oklahoma	OK	HC.gov	261,887	584
Oregon	OR	HC.gov	118,372	254
Pennsylvania	PA	SBE	501,459	8,847
Rhode Island	RI	SBE	43,446	*
South Carolina	SC	HC.gov	587,567	5,169
South Dakota	SD	HC.gov	50,951	130
Tennessee	TN	HC.gov	569,310	5,594

Table 8. Consumers by Household Income as a Percent of FPL

State Name	State Abbr.	Platform	Number of Consumers with an Exchange Plan Selection	<100% of FPL
Texas	TX	HC.gov	4,172,233	66,744
Utah	UT	HC.gov	387,336	1,847
Virginia	VA	SBE	370,086	12,048
Vermont	VT	SBE	30,344	502
Washington	WA	SBE	290,109	7,134
Wisconsin	WI	HC.gov	291,336	768
West Virginia	WV	HC.gov	55,879	157
Wyoming	WY	HC.gov	41,545	357
Total	**Total**	**HC.gov**	**15,771,397**	**132,237**
Total	**Total**	**SBE**	**7,359,463**	**172,438**
Total	**Total**	**All**	**23,130,860**	**304,675**

Table 8. Consumers by Household Income as a Percent of FPL

State Abbr.	≥100% to ≤138% of FPL	≥100% to ≤150% of FPL	>150% to ≤200% of FPL	>200% to ≤250% of FPL
AK	951	2,057	4,205	4,693
AL	239,997	293,056	69,545	34,023
AR	14,299	51,012	36,801	24,216
AZ	30,104	141,292	73,958	41,496
CA	29,895	296,602	535,282	276,065
CO	6,853	31,308	47,780	30,460
CT	17,126	27,786	37,708	18,171
DC	69	108	*	*
DE	3,138	10,783	8,752	6,803
FL	2,466,086	3,039,351	650,774	327,743
GA	741,079	853,987	175,399	67,732
HI	2,055	4,214	4,948	3,793
IA	6,619	28,642	23,378	15,723
ID	4,000	11,253	28,308	24,035
IL	68,416	148,374	95,624	52,712
IN	32,201	133,695	57,383	26,118
KS	80,549	104,730	29,670	16,277
KY	5,077	14,624	25,483	15,389
LA	32,460	161,825	60,521	23,250
MA	29,792	52,969	83,272	68,090
MD	13,620	36,061	58,008	36,244
ME	1,559	4,777	10,652	8,851
MI	45,223	185,101	96,905	65,341
MN	0	0	*	27,589
MO	38,586	168,028	76,023	36,539
MS	206,743	246,766	37,864	12,812
MT	3,082	12,140	13,949	10,041
NC	95,493	317,012	150,753	91,319
ND	2,072	5,394	6,731	8,723
NE	9,324	33,589	23,485	22,926
NH	2,467	8,402	10,635	7,402
NJ	64,949	132,721	121,932	62,411
NM	6,383	11,692	20,014	15,087
NV	12,580	29,758	24,221	15,805
NY	410	604	606	*
OH	42,053	180,165	90,274	58,684
OK	33,651	129,691	54,484	33,447
OR	2,648	4,726	6,795	23,094
PA	55,919	121,616	109,971	67,046
RI	3,630	6,608	11,472	6,801
SC	248,059	321,536	94,419	57,652
SD	2,366	6,290	9,365	11,048
TN	260,023	329,241	91,084	47,382

Table 8. Consumers by Household Income as a Percent of FPL

State Abbr.	≥100% to ≤138% of FPL	≥100% to ≤150% of FPL	>150% to ≤200% of FPL	>200% to ≤250% of FPL
TX	2,240,606	2,629,749	643,479	358,969
UT	53,293	141,804	79,467	61,776
VA	52,638	101,130	74,790	54,718
VT	529	1,800	5,728	4,923
WA	9,149	27,675	64,295	42,766
WI	52,913	77,084	48,536	34,290
WV	3,985	16,608	13,682	8,150
WY	7,380	9,805	6,854	7,215
Total	**6,258,426**	**8,793,788**	**2,574,719**	**1,480,945**
Total	**1,123,673**	**1,911,453**	**1,530,662**	**896,484**
Total	**7,382,099**	**10,705,241**	**4,105,381**	**2,377,429**

Table 8. Consumers by Household Income as a Percent of FPL

State Abbr.	>250% to ≤300% of FPL	>300% to ≤400% of FPL	>400% to ≤500% of FPL	>500% of FPL
AK	3,662	5,460	1,204	2,664
AL	17,752	20,281	4,223	6,153
AR	14,563	17,075	3,085	5,830
AZ	26,223	30,383	8,066	14,177
CA	245,645	269,187	79,066	131,285
CO	35,963	49,513	389	1,289
CT	14,605	25,814	168	0
DC	*	1242	*	326
DE	4,805	6,210	1,700	3,405
FL	180,995	187,383	27,718	54,308
GA	43,817	47,648	9,246	18,083
HI	2,335	3,251	1,165	1,865
IA	11,912	20,842	5,347	7,987
ID	15,371	16,421	4,337	5,026
IL	35,806	56,931	12,311	19,213
IN	21,448	25,101	7,512	11,859
KS	13,134	14,154	2,789	4,503
KY	9,649	9,834	130	92
LA	18,457	18,951	3,537	5,069
MA	48,268	54,325	15,591	22,038
MD	22,124	25,811	7,322	8,905
ME	7,224	12,777	2,888	4,757
MI	42,558	53,940	12,822	20,021
MN	*	27,001	0	0
MO	21,780	32,007	6,344	10,313
MS	5,783	4,915	699	836
MT	10,122	14,011	3,358	6,040
NC	58,985	74,897	16,055	27,657
ND	5,321	7,898	2,051	3,317
NE	15,400	20,638	2,965	5,465
NH	5,975	10,654	4,259	6,411
NJ	45,467	65,853	17,425	22,439
NM	11,136	11,620	3,182	3,663
NV	8,704	9,195	2,097	3,184
NY	36,027	52,861	0	0
OH	35,746	44,178	11,834	18,564
OK	17,423	14,600	2,991	4,324
OR	15,429	28,435	9,626	16,805
PA	46,343	62,947	16,079	22,407
RI	4,742	5,241	*	1,935
SC	33,517	41,284	8,564	14,556
SD	7,314	10,269	2,045	3,174
TN	32,267	35,017	5,760	11,304

Table 8. Consumers by Household Income as a Percent of FPL

State Abbr.	>250% to ≤300% of FPL	>300% to ≤400% of FPL	>400% to ≤500% of FPL	>500% of FPL
TX	172,229	171,791	27,780	52,378
UT	34,345	40,670	6,582	12,175
VA	32,737	35,982	10,473	15,330
VT	4,265	6,249	2,153	3,483
WA	25,653	40,151	14,942	25,324
WI	27,173	51,072	11,874	21,208
WV	5,226	7,914	1,070	2,268
WY	5,123	8,102	951	2,423
Total	**867,002**	**1,021,383**	**203,976**	**357,059**
Total	**714,636**	**886,603**	**199,481**	**308,779**
Total	**1,581,638**	**1,907,986**	**403,457**	**665,838**

Table 8. Consumers by Household Income as a Percent of FPL

State Abbr.	Other/Unknown FPL
AK	2,007
AL	4,162
AR	7,422
AZ	20,669
CA	86,429
CO	80,375
CT	32,493
DC	11,878
DE	2,040
FL	48,761
GA	34,282
HI	1,450
IA	9,147
ID	11,779
IL	22,030
IN	16,247
KS	4,861
KY	13,486
LA	4,456
MA	35,248
MD	48,153
ME	5,426
MI	18,328
MN	64,326
MO	12,002
MS	1,528
MT	3,352
NC	17,334
ND	1,421
NE	3,787
NH	12,044
NJ	30,187
NM	5,406
NV	9,971
NY	119,897
OH	29,238
OK	4,343
OR	13,208
PA	46,203
RI	5,070
SC	10,870
SD	1316
TN	11,661

Table 8. Consumers by Household Income as a Percent of FPL

State Abbr.	Other/Unknown FPL
TX	49,114
UT	8,670
VA	32,878
VT	1,241
WA	42,169
WI	19,331
WV	804
WY	715
Total	**340,288**
Total	**738,927**
Total	**1,079,215**

Table 9. Dental Plan Selections by Metal, Age

State Name	State Abbr.	Platform	Number of Consumers with an Exchange Standalone Dental Plan (SADP) Selection	Age < 18
Alaska	AK	HC.gov	5,670	307
Alabama	AL	HC.gov	60,400	886
Arkansas	AR	HC.gov	13,361	2,688
Arizona	AZ	HC.gov	29,340	3,642
California	CA	SBE	406,325	19,850
Colorado	CO	SBE	73,458	9,025
Connecticut	CT	SBE	19,393	1,111
District Of Columbia	DC	SBE	5,255	398
Delaware	DE	HC.gov	4,087	732
Florida	FL	HC.gov	237,407	30,015
Georgia	GA	SBE	104,799	14,008
Hawaii	HI	HC.gov	9,439	863
Iowa	IA	HC.gov	15,152	1,256
Idaho	ID	SBE	23,818	6,613
Illinois	IL	SBE	102,241	8,442
Indiana	IN	HC.gov	22,434	3,802
Kansas	KS	HC.gov	11,138	1,237
Kentucky	KY	SBE	10,069	1,448
Louisiana	LA	HC.gov	16,521	912
Massachusetts	MA	SBE	208,191	19,545
Maryland	MD	SBE	19,768	2,764
Maine	ME	SBE	7,877	1,105
Michigan	MI	HC.gov	68,624	9,725
Minnesota	MN	SBE	44,306	4,581
Missouri	MO	HC.gov	17,666	2,298
Mississippi	MS	HC.gov	10,407	996
Montana	MT	HC.gov	15,592	2,599
North Carolina	NC	HC.gov	62,602	4,471
North Dakota	ND	HC.gov	3,217	311
Nebraska	NE	HC.gov	7,860	1,611
New Hampshire	NH	HC.gov	10,148	1,335
New Jersey	NJ	SBE	163,647	15,813
New Mexico	NM	SBE	24,674	2,721
Nevada	NV	SBE	23,307	4,360
New York	NY	SBE	25,100	1,486
Ohio	OH	HC.gov	40,520	5,633
Oklahoma	OK	HC.gov	24,734	5,223
Oregon	OR	HC.gov	29,292	2,567
Pennsylvania	PA	SBE	116,951	9,333
Rhode Island	RI	SBE	24,371	1,138
South Carolina	SC	HC.gov	42,451	6,175
South Dakota	SD	HC.gov	3,710	215
Tennessee	TN	HC.gov	42,966	2,971

Table 9. Dental Plan Selections by Metal, Age

State Name	State Abbr.	Platform	Number of Consumers with an Exchange Standalone Dental Plan (SADP) Selection	Age < 18
Texas	TX	HC.gov	300,068	53,287
Utah	UT	HC.gov	36,972	9,733
Virginia	VA	SBE	85,256	12,965
Vermont	VT	SBE	3,514	260
Washington	WA	SBE	97,673	13,990
Wisconsin	WI	HC.gov	34,846	2,535
West Virginia	WV	HC.gov	4,729	229
Wyoming	WY	HC.gov	5,054	417
Total	**Total**	**HC.gov**	**1,186,407**	**158,671**
Total	**Total**	**SBE**	**1,589,993**	**150,956**
Total	**Total**	**All**	**2,776,400**	**309,627**

Table 9. Dental Plan Selections by Metal, Age

State Abbr.	Age 18-25	Age 26-34	Age 35-44
AK	357	1,263	1,393
AL	7,088	12,413	12,809
AR	1,134	2,019	2,471
AZ	2,339	4,664	5,172
CA	39,968	95,604	80,254
CO	5,391	14,679	15,607
CT	1,594	4,040	3,489
DC	269	1,162	1,399
DE	287	554	698
FL	23,716	35,732	44,659
GA	11,809	19,818	20,146
HI	532	1,235	1,820
IA	1,143	2,657	2,934
ID	2,288	3,616	3,943
IL	8,776	20,795	19,161
IN	1,746	3,470	4,190
KS	1,098	1,933	2,202
KY	1,026	2,073	2,044
LA	1,314	2,689	3,669
MA	23,288	41,794	39,393
MD	2,027	3,455	3,090
ME	487	1,257	1,579
MI	5,224	11,961	13,109
MN	3,503	9,251	8,181
MO	1,342	2,866	3,508
MS	1,273	1,471	1,927
MT	1,231	2,837	3,113
NC	4,700	11,187	12,817
ND	241	662	787
NE	699	1,232	1,479
NH	725	1,794	2,015
NJ	17,763	35,072	30,231
NM	2,274	4,348	4,674
NV	1,736	3,728	4,358
NY	1,699	5,314	5,383
OH	3,000	7,027	7,589
OK	2,155	3,225	4,582
OR	1,721	4,598	6,700
PA	10,181	24,978	23,176
RI	2,689	4,458	4,591
SC	4,051	7,223	7,647
SD	287	795	888
TN	4,002	8,372	8,564

Table 9. Dental Plan Selections by Metal, Age

State Abbr.	Age 18-25	Age 26-34	Age 35-44
TX	30,896	47,511	53,604
UT	3,671	6,940	6,591
VA	7,708	14,858	15,280
VT	275	563	658
WA	9,186	18,140	18,384
WI	2,689	7,035	6,744
WV	381	704	866
WY	458	1,058	1,129
Total	**109,500**	**197,127**	**225,676**
Total	**153,937**	**329,003**	**305,021**
Total	**263,437**	**526,130**	**530,697**

Table 9. Dental Plan Selections by Metal, Age

State Abbr.	Age 45-54	Age 55-64	Age ≥65
AK	1,121	1,167	62
AL	12,596	14,053	555
AR	2,236	2,678	135
AZ	5,110	7,964	449
CA	70,100	94,961	5,588
CO	11,505	14,023	3,228
CT	3,268	5,291	600
DC	952	774	301
DE	662	1,078	76
FL	44,918	54,650	3,717
GA	18,644	18,994	1,380
HI	2,040	2,783	166
IA	2,637	4,366	159
ID	3,306	3,722	330
IL	17,664	25,642	1,761
IN	3,922	5,061	243
KS	2,025	2,528	115
KY	1,558	1,776	144
LA	3,477	4,277	183
MA	33,018	41,417	9,736
MD	2,040	2,229	4,163
ME	1,274	1,885	290
MI	11,427	16,420	758
MN	6,740	10,988	1,062
MO	3,216	4,212	224
MS	2,109	2,545	86
MT	2,511	3,212	89
NC	12,460	16,075	892
ND	566	622	28
NE	1,357	1,411	71
NH	1,570	2,602	107
NJ	27,343	32,629	4,796
NM	4,143	5,888	626
NV	3,746	4,940	439
NY	4,530	6,503	185
OH	6,869	9,900	502
OK	4,210	5,112	227
OR	6,027	7,399	280
PA	19,183	28,096	2,004
RI	4,395	5,935	1,165
SC	7,112	9,997	246
SD	707	783	35
TN	8,210	10,438	409

Table 9. Dental Plan Selections by Metal, Age

State Abbr.	Age 45-54	Age 55-64	Age ≥65
TX	51,503	58,030	5,237
UT	5,082	4,738	217
VA	14,057	18,371	2,017
VT	572	842	344
WA	15,273	19,126	3,574
WI	5,864	9,686	293
WV	967	1,505	77
WY	966	979	47
Total	**213,477**	**266,271**	**15,685**
Total	**263,311**	**344,032**	**43,733**
Total	**476,788**	**610,303**	**59,418**

Table 10: BHP Enrollment by Age and Gender

State Name	State Abbr.	Platform	Basic Health Program (BHP) Plan Enrollment	BHP, New Enrollee
District Of Columbia	DC	SBE	15,722	977
Minnesota	MN	SBE	96,171	NR
New York	NY	SBE	1,714,745	7,325
Oregon	OR	HC.gov	41,280	NR
Total	**Total**	**HC.gov**	**41,280**	**NR**
Total	**Total**	**SBE**	**1,826,638**	**NR**
Total	**Total**	**All**	**1,867,918**	**NR**

Table 10: BHP Enrollment by Age and Gender

State Abbr.	BHP, Re-enrollee	Age < 18	Age 18-25	Age 26-34
DC	14,745	-	1,534	4,115
MN	NR	1,732	14,919	20,807
NY	1,707,420	-	289,860	412,346
OR	NR	-	5,504	10,201
Total	**NR**	**-**	**5,504**	**10,201**
Total	**NR**	**1,732**	**306,313**	**437,268**
Total	**NR**	**1,732**	**311,817**	**447,469**

Table 10: BHP Enrollment by Age and Gender

State Abbr.	Age 35-44	Age 45-54	Age ≥55	Male
DC	4,521	3,007	2,545	NR
MN	24,050	16,788	17,875	40,467
NY	396,909	330,968	284,662	812,056
OR	10,377	7,538	7,660	17,447
Total	**10,377**	**7,538**	**7,660**	**17,447**
Total	**425,480**	**350,763**	**305,082**	**NR**
Total	**435,857**	**358,301**	**312,742**	**NR**

Table 10: BHP Enrollment by Age and Gender

State Abbr.	Female
DC	NR
MN	55,704
NY	902,689
OR	23,833
Total	**23,833**
Total	**NR**
Total	**NR**

State_Abrv	Pltfrm	Aplctn_Sbr	Indvdl_Apl	QHP_Elgbl	FA_Elgbl	MC_Elgbl	Cnsmr	New_Cnsn	Tot_Renrl
AK	HC.gov	22,903	36,398	30,512	21,786	6,349	26,079	4,584	21,495
AL	HC.gov	418,547	510,217	493,356	429,739	17,151	455,776	60,346	395,430
AR	HC.gov	134,429	195,818	174,090	145,960	24,891	160,307	29,746	130,561
AZ	HC.gov	299,512	429,665	401,271	325,289	34,159	357,144	56,742	300,402
CA	SBE	4,028,011	8,224,767	3,413,132	2,174,964	NR	1,927,371	235,055	1,692,316
CO	SBE	360,901	399,062	320,737	214,846	NR	277,238	37,335	239,903
CT	SBE	319,734	593,474	198,888	159,494	351,018	156,745	26,902	129,843
DC	SBE	18,276	22,977	18,391	3,394	4,586	16,053	3,522	12,531
DE	HC.gov	36,567	54,164	49,957	38,826	5,058	44,663	6,758	37,905
FL	HC.gov	3,352,050	4,859,180	4,787,915	4,435,104	73,292	4,538,772	725,149	3,813,623
GA	SBE	1,188,317	1,659,954	1,515,336	1,313,914	128,424	1,324,295	192,032	1,132,263
HI	HC.gov	22,664	31,697	27,097	19,342	5,341	23,380	4,130	19,250
IA	HC.gov	105,088	148,488	135,387	102,859	14,948	123,304	17,687	105,617
ID	SBE	89,287	174,042	135,329	103,361	4,397	120,426	15,959	104,467
IL	SBE	463,111	675,232	575,459	455,975	64,292	448,568	74,773	373,795
IN	HC.gov	260,361	363,374	336,291	276,322	31,424	300,049	42,907	257,142
KS	HC.gov	158,807	218,596	211,119	179,635	7,802	192,811	26,335	166,476
KY	SBE	266,231	458,046	104,836	78,967	344,172	89,028	15,624	73,404
LA	HC.gov	273,202	336,704	316,904	282,117	22,421	296,648	31,342	265,306
MA	SBE	1,333,855	2,378,498	972,774	491,123	1,245,092	403,624	56,744	346,880
MD	SBE	485,689	997,317	432,963	234,362	564,353	255,612	47,815	207,797
ME	SBE	56,536	80,802	67,897	47,072	12,138	58,523	8,577	49,946
MI	HC.gov	406,895	576,020	541,847	432,617	41,147	497,064	64,637	432,427
MN	SBE	259,893	388,845	344,995	139,587	39,057	139,251	24,417	114,834
MO	HC.gov	315,716	425,575	392,777	331,880	36,866	365,734	46,284	319,450
MS	HC.gov	270,122	342,218	336,094	310,149	6,386	313,392	62,394	250,998
MT	HC.gov	60,957	94,672	83,077	62,585	12,896	73,255	10,443	62,812
NC	HC.gov	633,002	884,595	832,450	705,285	60,228	761,457	125,794	635,663
ND	HC.gov	26,883	47,419	44,392	34,665	3,662	41,014	5,230	35,784
NE	HC.gov	93,637	148,360	140,104	117,461	9,972	128,492	14,833	113,659
NH	HC.gov	55,722	80,339	74,561	44,787	6,824	66,024	11,751	54,273
NJ	SBE	480,460	729,069	611,254	506,306	90,656	509,192	77,970	431,222
NM	SBE	84,155	119,376	104,812	82,141	7,019	83,103	12,863	70,240
NV	SBE	85,909	132,840	123,586	98,943	7,043	104,286	20,911	83,375
NY	SBE	1,639,094	2,823,719	439,001	136,518	NR	210,704	31,868	178,836
OH	HC.gov	410,158	552,726	520,150	420,893	38,665	469,616	73,309	396,307
OK	HC.gov	219,383	300,270	283,722	255,727	19,977	261,887	33,769	228,118
OR	HC.gov	107,518	157,709	136,998	83,080	25,613	118,372	16,801	101,571
PA	SBE	459,340	654,926	604,956	462,010	48,262	501,459	81,373	420,086
RI	SBE	121,169	164,860	85,325	51,310	7,810	43,446	9,818	33,628
SC	HC.gov	480,688	644,278	629,524	545,298	15,431	587,567	84,654	502,913
SD	HC.gov	34,522	59,452	55,546	45,551	4,794	50,951	6,685	44,266
TN	HC.gov	493,938	642,418	624,097	539,138	19,651	569,310	92,921	476,389

TX	HC.gov	2,922,167	4,533,636	4,447,332	4,016,292	90,327	4,172,233	764,316	3,407,917
UT	HC.gov	219,286	433,000	414,130	367,240	22,650	387,336	46,063	341,273
VA	SBE	303,662	489,831	443,027	340,131	41,264	370,086	58,469	311,617
VT	SBE	39,601	74,135	43,427	28,019	28,694	30,344	2,492	27,852
WA	SBE	626,448	1,142,302	362,511	211,519	685,121	290,109	51,635	238,474
WI	HC.gov	246,510	334,080	318,169	244,428	18,901	291,336	39,582	251,754
WV	HC.gov	51,686	68,673	62,507	52,231	6,852	55,879	6,922	48,957
WY	HC.gov	31,772	50,363	48,035	38,347	2,422	41,545	5,503	36,042
Total	HC.gov	########	########	########	########	686,100	########	2,517,617	########
Total	SBE	########	########	########	7,333,956	NR	7,359,463	1,086,154	6,273,309
Total	All	########	########	########	########	NR	########	3,603,771	########

Actv_Renrl	Auto_Renrl	Actv_Renrl	Actv_Renrl	AB_Cnsmr	AB_New_C	AB_Tot_Re	AB_Actv_R	AB_Auto_R	Wk_1
15,845	5,650	6,058	9,787	6,143	1,059	5,084	3,494	1,590	414
193,074	202,356	102,537	90,537	282,921	31,750	251,171	96,362	154,809	5,458
76,556	54,005	55,853	20,703	104,806	17,892	86,914	49,950	36,964	1,316
172,889	127,513	132,452	40,437	234,910	36,832	198,078	103,044	95,034	2,848
538,476	1,153,840	NR	NR	NR	NR	NR	NR	NR	177,638
146,249	93,654	NR	NR	NR	NR	NR	NR	NR	2,975
55,130	74,713	NR	NR	NR	NR	NR	NR	NR	1,409
1,456	11,075	NR	NR	NR	NR	NR	NR	NR	147
23,460	14,445	13,473	9,987	21,391	3,022	18,369	10,410	7,959	467
2,786,806	1,026,817	1,934,687	852,119	3,916,082	608,683	3,307,399	2,441,094	866,305	48,086
510,966	621,297	NR	NR	NR	NR	NR	NR	NR	16,669
12,614	6,636	5,155	7,459	2,335	465	1,870	1,070	800	447
65,823	39,794	30,117	35,706	78,274	10,722	67,552	40,339	27,213	1,236
33,279	71,188	NR	NR	NR	NR	NR	NR	NR	7,769
182,167	191,628	NR	NR	NR	NR	NR	NR	NR	3,096
133,201	123,941	76,198	57,003	212,287	28,079	184,208	85,586	98,622	2,209
92,554	73,922	52,675	39,879	125,658	15,775	109,883	53,626	56,257	1,925
28,226	45,178	NR	NR	NR	NR	NR	NR	NR	367
103,783	161,523	59,356	44,427	235,246	21,449	213,797	73,646	140,151	1,513
159,341	187,539	NR	NR	NR	NR	NR	NR	NR	2,996
61,434	146,363	NR	NR	NR	NR	NR	NR	NR	1,252
26,149	23,797	NR	NR	NR	NR	NR	NR	NR	1,472
235,220	197,207	142,045	93,175	336,810	36,701	300,109	149,369	150,740	3,817
30,875	83,959	NR	NR	NR	NR	NR	NR	NR	624
166,907	152,543	100,836	66,071	278,754	31,688	247,066	118,035	129,031	2,836
119,770	131,228	72,459	47,311	268,962	53,217	215,745	97,865	117,880	2,084
39,032	23,780	20,104	18,928	32,467	4,119	28,348	16,526	11,822	686
384,487	251,176	231,192	153,295	553,386	89,264	464,122	262,888	201,234	6,804
25,848	9,936	13,298	12,550	22,558	2,469	20,089	15,044	5,045	370
77,150	36,509	49,451	27,699	92,214	9,227	82,987	55,842	27,145	868
34,260	20,013	20,142	14,118	28,642	4,548	24,094	13,989	10,105	713
219,933	211,289	NR	NR	NR	NR	NR	NR	NR	6,531
20,159	50,081	NR	NR	NR	NR	NR	NR	NR	457
42,654	40,721	NR	NR	NR	NR	NR	NR	NR	1,759
71,295	107,541	NR	NR	NR	NR	NR	NR	NR	242
208,141	188,166	132,782	75,359	330,084	49,417	280,667	129,829	150,838	3,002
119,580	108,538	81,750	37,830	195,263	23,808	171,455	83,180	88,275	1,726
70,004	31,567	27,267	42,737	43,255	5,447	37,808	26,219	11,589	1,776
143,158	276,928	NR	NR	NR	NR	NR	NR	NR	2,998
8,208	25,420	NR	NR	NR	NR	NR	NR	NR	405
266,081	236,832	138,150	127,931	470,652	62,660	407,992	199,003	208,989	4,288
32,986	11,280	16,683	16,303	29,120	3,271	25,849	19,931	5,918	438
259,380	217,009	157,621	101,759	406,807	64,164	342,643	168,301	174,342	5,515

2,072,012	1,335,905	1,421,250	650,762	3,457,403	621,533	2,835,870	1,675,650	1,160,220	36,212
255,681	85,592	114,517	141,164	310,343	33,827	276,516	210,915	65,601	3,849
90,220	221,397	NR	NR	NR	NR	NR	NR	NR	5,377
5,725	22,127	NR	NR	NR	NR	NR	NR	NR	549
77,734	160,740	NR	NR	NR	NR	NR	NR	NR	3,069
172,086	79,668	92,305	79,781	165,057	20,096	144,961	97,194	47,767	3,092
22,478	26,479	9,515	12,963	31,808	3,252	28,556	9,845	18,711	641
24,360	11,682	12,068	12,292	15,727	2,076	13,651	8,929	4,722	589
8,262,068	4,991,712	5,321,996	2,940,072	########	1,896,512	########	6,317,175	4,075,678	145,225
2,452,834	3,820,475	NR	NR	NR	NR	NR	NR	NR	237,801
########	8,812,187	NR	NR	NR	NR	NR	NR	NR	383,026

Wk_2	Wk_3	Wk_4	Wk_5	Wk_6	Wk_7	Wk_8	Wk_9	Wk_10	Wk_11
2,607	4,323	6,155	7,397	9,977	14,132	26,133	25,854	25,493	25,539
34,941	59,090	81,133	97,512	126,565	169,725	451,356	451,058	449,399	449,201
11,711	21,365	31,076	37,449	49,587	69,344	157,568	157,033	156,478	156,786
21,534	39,877	59,712	75,872	103,934	148,618	361,766	358,165	353,000	350,412
268,135	345,286	389,076	410,902	451,576	1,942,928	1,939,528	1,936,095	1,924,899	1,910,476
27,471	49,314	48,988	86,126	85,554	84,775	256,001	258,341	262,510	266,988
13,411	23,452	33,294	43,651	49,882	140,877	148,852	149,523	150,460	150,719
419	640	878	1,044	1,508	15,136	15,290	15,323	15,348	15,323
2,926	5,324	7,981	9,843	13,747	19,724	44,429	44,125	43,649	43,820
477,391	915,049	1,358,827	1,686,194	2,136,458	2,720,231	4,482,268	4,485,371	4,474,300	4,479,800
80,302	146,735	213,873	260,898	362,096	1,297,068	1,315,164	1,315,208	1,313,494	1,301,254
2,470	3,885	5,154	6,138	7,972	11,281	23,262	23,114	23,046	22,965
9,471	17,184	25,502	31,888	43,216	62,204	123,783	123,124	122,132	121,686
11,279	14,603	18,568	22,387	28,210	118,083	120,426	120,426	120,426	120,426
21,279	42,308	65,329	83,472	112,808	440,481	445,657	445,565	445,335	441,657
17,589	33,414	49,486	62,985	85,730	122,213	303,928	301,824	300,135	296,071
14,062	25,104	36,427	45,086	60,155	83,053	190,799	190,721	189,983	190,314
4,380	8,092	12,014	14,724	19,699	82,539	85,676	85,717	85,917	86,297
13,710	25,896	38,904	48,350	64,876	90,542	296,989	296,580	294,317	293,421
21,404	35,048	48,494	60,758	83,309	384,131	381,352	382,580	379,295	385,361
13,147	23,173	32,299	38,777	49,126	244,006	246,582	247,512	249,250	248,770
5,793	9,355	12,437	14,498	18,772	57,881	58,374	58,188	57,751	57,456
30,804	57,206	87,046	109,172	148,164	209,590	496,227	493,760	491,565	490,500
4,730	7,948	12,000	15,150	21,278	131,502	135,768	135,200	135,018	134,825
24,755	45,968	67,939	84,832	112,529	153,853	366,943	365,955	361,728	362,028
20,796	38,310	54,926	67,134	94,950	128,636	311,082	310,425	307,054	308,602
5,071	8,833	13,051	16,022	22,206	33,387	74,304	73,255	72,402	72,069
57,242	108,258	158,789	195,836	260,239	359,804	764,673	764,018	755,919	758,208
2,597	4,705	7,488	9,757	14,416	22,394	41,056	40,808	40,503	40,424
8,474	16,573	26,929	34,884	48,853	69,814	129,551	128,433	127,567	127,523
4,963	8,659	12,684	15,526	21,525	31,213	65,641	65,353	65,152	64,876
29,174	49,890	69,771	86,299	109,784	481,384	484,528	486,231	492,940	493,816
3,164	6,204	9,429	11,263	14,899	76,887	78,182	78,492	79,236	80,163
7,832	13,408	18,786	23,007	29,288	100,044	100,800	100,432	100,708	100,840
1,932	3,337	28,259	37,191	51,777	191,512	205,989	206,037	206,468	208,040
26,111	50,244	75,831	96,831	133,358	192,231	472,868	470,531	463,086	462,497
16,105	30,140	45,182	56,713	75,066	103,206	265,002	263,810	258,926	259,110
10,229	17,054	24,243	29,195	39,751	59,128	121,850	120,083	117,111	116,428
21,059	37,429	56,735	70,966	102,337	474,897	478,797	477,950	481,069	482,183
1,283	2,020	2,768	3,253	4,413	44,463	44,171	43,897	44,509	38,071
37,327	70,003	102,332	126,058	169,419	237,770	578,834	578,986	575,718	578,965
3,660	6,743	10,309	13,063	18,381	28,451	51,139	50,597	50,332	50,248
41,493	76,030	110,050	136,544	179,764	241,070	561,369	561,166	557,101	559,240

351,507	691,252	1,025,213	1,265,670	1,594,634	2,056,215	4,088,854	4,109,707	4,113,465	4,103,606
35,571	69,747	103,807	128,548	170,400	231,209	390,527	386,685	383,517	382,758
18,411	31,302	42,616	50,469	64,509	358,000	364,420	365,167	367,229	365,787
1,267	1,959	2,407	2,994	3,833	31,562	31,229	31,102	30,812	30,399
16,016	26,565	37,384	45,048	63,906	273,260	277,532	277,225	278,403	282,971
25,115	46,492	68,763	84,398	114,015	159,214	292,268	290,582	289,213	287,533
4,018	6,614	9,419	11,113	14,559	20,014	56,239	55,721	55,127	55,094
4,110	6,820	9,538	11,624	15,665	21,506	42,200	41,847	41,218	41,134
1,318,360	2,510,162	3,713,896	4,601,634	5,950,111	7,869,772	########	########	########	########
571,888	878,068	1,155,405	1,382,877	1,728,564	6,971,416	7,214,318	7,216,211	7,221,077	7,201,822
1,890,248	3,388,230	4,869,301	5,984,511	7,678,675	########	########	########	########	########

Wk_12	Avg_Prm	Avg_Prm_A	Cnsmr_Prr	Cnsmr_Wt	CSR_Cnsm	CSR_Cnsm	CSR_Cnsm	CSR_Cnsm	CSR_Cnsm
26,079	$1,043	$344	5,054	19,835	4,092	93	1,131	1,187	1,681
455,776	$743	$126	149,890	415,568	221,936	10,227	35,521	175,509	679
160,307	$839	$162	44,958	139,608	51,021	3,431	14,776	31,167	1,647
357,144	$688	$229	62,361	296,237	119,059	11,136	35,620	70,183	2,120
1,906,033	$737	$264	212,367	1,578,342	837,535	NR	NR	NR	NR
276,680	$673	$318	46,686	192,067	73,868	NR	NR	NR	NR
153,499	$1,030	$277	38,233	123,907	83,665	NR	NR	NR	NR
15,620	$815	$725	*	3,017	503	NR	NR	NR	NR
44,663	$901	$320	5,529	36,058	10,073	369	3,075	6,595	34
4,538,772	$806	$106	1,525,517	4,298,085	2,164,168	25,354	233,535	1,901,318	3,961
1,324,295	$777	$164	307,776	1,181,762	675,862	NR	NR	NR	NR
23,380	$778	$372	1,169	16,757	5,179	367	1,902	2,768	142
123,304	$615	$235	17,048	93,994	26,367	854	8,590	16,768	155
120,426	$509	$202	15,087	92,256	31,552	NR	NR	NR	NR
443,832	$816	$230	97,565	382,499	129,236	NR	NR	NR	NR
300,049	$623	$222	30,907	250,880	144,117	14,041	38,234	91,620	222
192,811	$779	$160	54,975	171,263	82,814	2,160	13,329	65,653	1,672
89,028	$797	$288	5,096	72,810	38,204	NR	NR	NR	NR
296,648	$759	$144	98,447	270,603	104,278	3,878	21,348	78,645	407
391,698	$594	$325	6,783	292,919	202,567	NR	NR	NR	NR
255,612	$542	$284	5,301	172,940	66,136	NR	NR	NR	NR
58,523	$913	$340	4,796	43,623	14,059	NR	NR	NR	NR
497,064	$657	$222	80,373	404,240	187,924	17,029	51,343	117,980	1,572
139,251	$639	$437	*	69,397	11,775	NR	NR	NR	NR
365,734	$724	$173	90,976	316,770	124,690	3,830	29,816	89,802	1,242
313,392	$816	$131	81,264	299,069	186,310	6,122	23,245	156,804	139
73,255	$729	$230	16,901	57,435	17,672	1,593	7,066	6,716	2,297
761,457	$755	$180	224,848	663,536	209,992	12,763	57,806	138,538	885
41,014	$591	$229	6,113	32,330	8,575	735	3,226	3,818	796
128,492	$800	$217	22,486	111,290	31,736	1,661	9,149	20,306	620
66,024	$553	$342	1,649	37,029	15,992	2,848	7,298	5,806	40
496,510	$734	$277	19,953	418,804	252,924	NR	NR	NR	NR
83,103	$842	$299	6,728	69,236	30,047	NR	NR	NR	NR
103,833	$659	$234	4,694	86,312	47,753	NR	NR	NR	NR
207,613	$812	$636	595	90,807	45,169	NR	NR	NR	NR
469,616	$665	$233	79,348	388,261	143,213	12,252	37,110	93,654	197
261,887	$727	$161	72,034	240,197	110,178	2,582	16,916	61,266	29,414
118,372	$741	$426	2,016	71,461	18,109	9,078	4,476	3,761	794
487,227	$742	$251	70,865	400,198	117,089	NR	NR	NR	NR
40,689	$649	$246	2,751	35,721	14,773	NR	NR	NR	NR
587,567	$655	$139	176,288	524,348	179,913	5,265	24,577	149,627	444
50,951	$684	$211	7,850	42,712	13,836	1,991	5,471	4,871	1,503
569,310	$838	$141	206,664	514,745	196,796	5,304	31,537	159,344	611

4,172,233	$709	$89	2,064,847	3,879,651	1,085,487	8,538	86,852	981,686	8,411
387,336	$571	$120	96,397	351,583	168,777	9,350	47,188	109,024	3,215
367,908	$575	$215	41,133	289,066	108,046	NR	NR	NR	NR
30,344	$1,090	$364	4,640	23,343	1,198	NR	NR	NR	NR
290,109	$738	$343	27,922	187,588	49,542	NR	NR	NR	NR
291,336	$784	$250	44,462	228,595	88,824	6,130	25,740	55,682	1,272
55,879	$1,314	$208	19,864	49,683	14,766	535	5,059	9,120	52
41,545	$1,217	$235	9,569	36,267	9,430	194	2,215	6,391	630
########	$746	$137	5,299,804	########	5,745,324	179,710	883,151	4,615,609	66,854
7,281,833	$730	$266	919,273	5,806,614	2,831,503	NR	NR	NR	NR
########	$741	$178	6,219,077	########	8,576,827	NR	NR	NR	NR

APTC_Cnsı	APTC_Cns	APTC_Cns	Age_0_17	Age_18_25	Age_26_34	Age_35_44	Age_45_54	Age_55_64	Age_GE65
19,249	$947	$114	4,547	1,773	3,962	5,061	4,503	5,916	317
415,172	$678	$70	14,889	51,688	82,459	103,784	103,605	95,551	3,800
139,372	$779	$79	20,701	16,196	24,671	29,055	30,582	38,040	1,062
295,299	$555	$133	47,071	34,469	51,832	62,052	63,911	92,951	4,858
1,577,627	$579	$165	146,696	204,229	339,135	339,882	349,038	527,890	20,501
191,153	$511	$187	34,292	24,137	43,764	49,444	45,639	67,420	12,542
123,873	$952	$100	9,418	19,059	24,605	26,884	28,269	45,672	2,838
3,012	$480	$398	1,635	1,032	3,629	3,764	2,735	2,981	277
36,026	$720	$172	6,016	3,972	6,282	7,457	7,442	12,682	812
4,295,772	$740	$62	563,684	503,167	719,675	919,788	837,919	875,830	118,709
1,180,015	$688	$89	123,661	168,535	224,980	263,585	263,502	257,489	22,543
16,702	$568	$243	1,667	1,364	2,941	4,531	5,115	7,264	498
93,877	$499	$134	10,776	11,107	18,474	21,587	21,724	38,573	1,063
92,090	$402	$108	29,187	12,501	15,689	17,665	17,564	27,368	452
382,114	$688	$142	37,532	42,692	79,958	82,443	79,170	117,840	8,933
250,156	$481	$137	33,098	26,573	46,024	57,434	58,668	74,899	3,353
170,974	$697	$80	19,078	21,582	31,367	40,410	35,825	42,341	2,208
71,435	$634	$168	6,848	8,283	13,672	15,969	16,760	26,811	685
270,419	$674	$82	21,253	29,803	47,651	64,388	64,580	65,807	3,166
292,196	$371	$219	19,709	48,941	80,784	85,600	75,202	87,340	5,789
172,309	$384	$181	15,653	30,289	49,532	48,122	44,150	56,753	11,113
43,597	$769	$178	5,899	3,647	7,927	10,003	10,385	20,271	391
402,911	$536	$127	57,935	45,737	79,210	87,019	86,257	134,622	6,284
68,982	$409	$284	16,199	10,829	18,999	21,388	21,861	49,301	674
316,392	$638	$90	36,487	32,421	54,443	73,463	72,763	92,437	3,720
298,865	$718	$94	28,732	42,585	50,779	63,668	64,568	60,813	2,247
56,892	$643	$107	10,311	6,556	11,499	13,577	12,498	18,448	366
662,864	$660	$97	81,512	66,945	119,284	148,097	151,310	182,796	11,513
32,183	$462	$126	9,647	3,698	5,960	6,800	5,459	9,253	197
111,189	$674	$120	23,273	12,923	18,338	23,152	21,848	27,776	1,182
36,748	$378	$200	6,458	5,372	10,135	11,496	10,857	21,173	533
418,531	$556	$185	43,167	55,560	90,571	87,970	93,349	124,817	13,758
68,362	$659	$196	7,366	8,194	11,930	13,709	15,318	24,547	2,039
85,980	$516	$148	16,023	8,060	13,239	17,819	17,903	28,305	2,937
89,718	$422	$376	10,430	15,251	36,377	38,185	39,418	67,356	3,687
387,729	$523	$131	49,039	41,017	71,154	84,165	86,431	132,286	5,524
237,649	$624	$98	30,194	26,054	37,598	53,972	54,107	56,947	3,015
71,031	$525	$253	11,340	7,112	13,831	20,864	24,175	39,861	1,189
400,008	$616	$145	39,969	42,670	80,191	89,201	88,136	155,023	6,269
35,699	$491	$166	2,256	5,052	7,551	8,291	8,208	11,207	881
524,034	$579	$76	59,608	64,537	92,920	118,077	115,947	130,910	5,568
42,465	$568	$118	11,405	4,581	7,272	8,237	7,297	11,963	196
514,288	$772	$67	45,220	57,899	94,914	116,826	118,814	129,107	6,530

3,877,775	$667	$41	668,809	485,549	637,307	853,029	731,528	709,598	86,413
350,154	$499	$68	109,906	50,560	66,646	60,528	49,036	46,620	4,040
288,477	$461	$124	51,996	35,830	51,485	61,196	66,167	93,825	9,587
23,336	$947	$183	1,830	2,712	4,690	5,657	5,816	9,321	318
187,093	$612	$146	19,506	27,938	48,931	53,994	51,657	81,114	6,969
228,117	$681	$123	20,874	24,188	41,573	46,593	48,337	107,566	2,205
49,659	$1,244	$80	3,451	4,273	7,905	10,352	12,594	16,854	450
36,186	$1,127	$88	6,493	3,991	6,461	7,496	6,698	10,167	239
########	$674	$73	2,013,474	1,687,692	2,462,567	3,122,958	2,914,398	3,289,051	281,257
5,795,607	$590	$152	639,272	775,441	1,247,639	1,340,771	1,340,247	1,882,651	133,183
########	$650	$96	2,652,746	2,463,133	3,710,206	4,463,729	4,254,645	5,171,702	414,440

Male	Female	Hspnc_Yes	AIAN_NonI	ASN_NonH	NHPI_NonI	BLACK_No	WHT_NonI	Othr_Race_	Mlt_Race_I
12,421	13,658	1,420	1,711	1,368	*	309	15,621	*	1,047
216,403	239,373	10,521	1,210	12,468	103	54,960	138,475	2,116	4,511
70,501	89,806	6,501	1,298	4,206	*	10,146	73,754	*	2,055
174,957	182,187	43,865	1,672	16,684	280	6,892	102,635	2,413	4,806
931,847	995,514	472,605	4,325	407,589	1,585	43,929	494,240	113,093	48,297
131,758	145,475	5,236	238	4,497	64	649	39,860	+	1,477
68,694	88,051	29,131	129	7,713	41	10,454	70,109	2,424	3,093
NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
20,235	24,428	2,849	*	3,365	*	4,097	18,296	309	819
2,186,272	2,352,500	802,052	3,289	85,403	1,058	257,856	615,530	24,419	23,015
624,621	699,674	47,551	891	83,967	242	128,673	202,166	7,868	8,667
10,771	12,609	1,641	*	7,781	549	*	7,506	284	2,676
59,402	63,902	3,601	140	*	*	2,023	64,328	336	997
56,020	64,406	9,005	453	2,218	172	605	86,440	3,110	1,670
212,230	236,338	34,284	373	42,185	124	17,629	189,395	4,732	5,470
148,122	151,927	10,563	248	14,358	49	11,327	104,962	1,037	2,306
93,348	99,463	11,758	1,082	5,819	*	4,540	66,077	*	2,847
38,446	50,576	6,805	62	3,381	43	4,402	65,577	+	1,517
149,108	147,540	6,550	*	8,286	*	21,656	58,160	1,156	2,045
179,192	221,459	5,072	304	38,727	272	34,820	179,167	0	4,929
110,879	144,733	36,777	241	33,836	198	52,169	79,868	5,089	7,792
26,910	31,613	330	89	619	*	244	27,177	*	5,927
249,747	247,317	12,589	1,303	16,407	99	18,558	185,353	4,283	5,268
66,073	73,178	3,145	562	4,575	66	3,600	85,467	745	2,175
186,175	179,559	8,320	*	10,699	*	10,304	114,278	1,367	2,917
147,288	166,104	3,261	210	6,257	79	44,748	47,554	1,285	1,269
35,203	38,052	1,968	2,069	823	*	*	46,149	257	1,528
372,621	388,836	43,455	1,859	32,706	165	44,142	239,105	4,435	6,754
20,162	20,852	1,219	661	1,100	*	902	23,207	*	687
63,521	64,971	6,750	476	2,907	43	2,114	55,940	356	1,262
30,856	35,168	2,099	*	*	*	486	41,448	400	763
236,210	272,982	56,395	497	62,281	516	32,547	191,873	12,558	7,719
36,561	46,542	21,641	2,250	2,796	45	842	29,139	407	1,194
48,676	55,610	8,259	575	16,991	244	3,678	34,573	2,350	3,856
102,028	108,676	19,034	177	21,723	121	8,992	128,512	5,261	5,091
236,755	232,861	11,694	319	15,212	71	22,198	171,455	2,343	4,532
130,062	131,825	10,699	24,338	7,721	79	5,062	62,065	885	6,659
53,365	65,007	7,014	551	7,991	158	1,245	73,266	950	3,544
233,983	267,476	25,991	800	40,258	207	22,545	284,307	6,636	6,915
18,492	24,954	6,996	115	1,325	25	1,849	18,264	1,801	57
287,019	300,548	20,536	704	13,140	135	40,917	149,068	2,622	4,445
24,756	26,195	1,512	1,359	*	*	*	33,281	*	1,055
286,608	282,702	23,057	662	15,562	109	28,830	172,480	2,599	4,665

2,000,093	2,172,140	739,242	6,948	208,593	950	181,270	484,680	18,479	24,737
186,612	200,724	29,645	2,320	7,804	965	1,376	117,481	1,212	3,697
173,752	196,334	15,521	554	49,312	151	25,038	147,365	3,479	6,733
14,337	16,007	401	*	345	*	190	15,492	230	+
131,440	158,669	24,963	2,954	40,337	4,429	9,721	147,690	4,478	2,327
137,094	154,242	10,206	1,019	8,906	58	7,241	156,773	961	3,084
26,444	29,435	784	*	*	*	766	28,420	190	569
19,138	22,407	2,553	739	*	*	*	26,682	*	920
7,635,059	8,136,338	1,837,924	57,962	523,190	5,522	784,792	3,494,029	76,869	125,479
NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

Unk_Race_	AIAN	ASN	NHPI	BLACK	WHT	Othr_Race	Mlt_Race	Unk_Race	Hspnc_No
4,232	1,734	1,384	131	331	16,203	472	1,169	4,655	21,005
231,412	1,303	12,511	119	55,221	142,794	3,598	4,824	235,406	234,015
61,703	1,351	4,226	89	10,214	76,656	1,623	2,241	63,907	104,267
177,897	2,070	16,912	344	7,336	123,577	7,502	6,069	193,334	155,952
341,708	6,640	410,142	1,896	45,753	583,726	175,973	58,335	NR	NR
227,579	325	4,529	75	698	42,306	+	1,726	NR	NR
33,651	129	7,819	77	11,303	75,384	4,006	3,536	NR	NR
NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
14,861	63	3,376	20	4,244	19,565	759	939	15,697	29,432
2,726,150	4,359	86,607	1,553	266,406	983,872	70,040	29,584	3,096,351	1,206,831
844,270	1,055	84,297	314	133,922	221,720	11,867	9,597	NR	NR
2,744	95	7,892	600	147	8,030	484	3,112	3,020	19,589
48,851	172	2,985	56	2,057	65,862	813	1,092	50,267	79,625
16,753	584	2,294	181	625	89,183	3,658	2,032	NR	NR
154,376	707	42,999	183	18,988	206,845	7,964	6,444	NR	NR
155,199	311	14,384	65	11,471	109,256	2,303	2,581	159,678	158,309
99,688	1,204	5,855	74	4,697	71,560	2,189	3,283	103,949	93,276
7,241	76	3,403	54	4,586	70,731	+	1,819	NR	NR
198,196	603	8,313	39	21,833	60,846	1,938	2,253	200,823	109,148
140,333	308	38,730	296	35,047	180,728	0	4,973	NR	NR
39,642	368	33,967	229	52,923	84,566	8,018	8,419	NR	NR
24,072	96	620	*	248	27,383	78	5,970	NR	NR
253,204	1,427	16,469	113	18,800	191,267	5,719	5,767	257,502	277,401
38,916	606	4,601	74	3,667	86,576	876	2,349	NR	NR
216,770	1,048	10,738	112	10,410	117,452	2,236	3,181	220,557	172,448
208,729	221	6,276	91	44,836	48,826	1,793	1,364	209,985	132,325
20,267	2,153	836	32	182	47,192	484	1,684	20,692	55,304
388,836	2,053	32,814	189	44,848	255,854	9,522	7,719	408,458	396,230
13,064	699	1,100	22	939	23,777	276	752	13,449	30,861
58,644	564	2,921	61	2,185	58,690	1,077	1,465	61,529	74,535
18,433	69	2,335	20	538	42,413	812	860	18,977	50,351
144,806	752	62,548	1,045	34,897	214,712	22,702	9,463	NR	NR
24,789	2,519	2,837	54	962	44,091	933	1,611	NR	NR
33,760	575	16,991	244	3,678	34,573	2,769	9,280	NR	NR
21,793	245	21,845	162	9,862	135,261	10,933	6,067	NR	NR
241,792	391	15,265	85	22,508	176,487	3,807	4,957	246,116	254,758
144,379	24,670	7,747	91	5,145	66,774	2,235	7,163	148,062	120,748
23,653	653	8,064	177	1,307	76,361	1,891	4,011	25,908	94,955
113,800	937	40,388	335	23,571	292,780	13,176	7,712	NR	NR
13,014	136	1,358	79	2,179	19,913	5,452	85	NR	NR
356,000	779	13,216	163	41,310	157,409	5,306	4,959	364,425	260,377
12,409	1,409	800	12	406	33,972	351	1,154	12,847	41,160
321,346	746	15,637	122	29,093	181,383	5,541	5,179	331,609	260,241

2,507,334	10,188	210,010	1,216	186,642	860,557	60,526	32,680	2,810,414	1,135,021
222,836	2,500	7,874	1,025	1,508	128,363	5,243	4,394	236,429	173,178
121,933	644	49,436	176	25,489	154,803	5,149	7,403	NR	NR
13,624	54	348	*	200	15,722	341	+	NR	NR
61,308	3,491	41,301	4,659	10,271	157,789	11,927	3,236	NR	NR
103,088	1,146	8,946	75	7,396	161,605	2,323	3,392	106,453	199,897
24,114	66	970	13	781	28,799	320	605	24,325	34,436
9,799	820	569	20	152	28,078	470	1,066	10,370	30,839
8,865,630	64,867	527,032	6,729	802,943	4,363,480	201,653	149,499	9,655,194	6,006,514
NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

Unk_Ethnc	Rrl	Non_Rrl	Ctstrphc	Brnz	Slvr	Gld	Pltnm	FPL_LT100	FPL_100_1
3,654	13,015	13,064	+	12,441	2,618	11,020	+	127	951
211,240	145,455	310,321	1,718	198,749	248,467	6,842	+	6,581	239,997
49,539	62,251	98,056	1,217	52,071	55,449	50,562	1,008	303	14,299
157,327	33,513	323,631	737	200,376	142,749	13,282	+	880	30,104
NR	NR	NR	15,592	564,476	1,181,687	107,896	57,720	7,810	29,895
NR	NR	NR	1,375	106,571	80,695	88,597	+	161	6,853
NR	NR	NR	1,741	38,213	101,603	15,188	+	0	17,126
NR	NR	NR	433	5,263	3,356	4,705	2,296	298	69
12,382	11,537	33,126	1,123	20,891	10,629	11,564	456	165	3,138
2,529,889	137,683	4,401,089	3,437	1,677,199	2,228,615	624,080	5,441	21,739	2,466,086
NR	NR	NR	574	512,136	750,552	59,512	1,521	74,101	741,079
2,150	7,894	15,486	446	9,317	5,663	4,585	3,369	359	2,055
40,078	59,998	63,306	184	59,093	28,134	35,893	+	326	6,619
NR	NR	NR	563	70,540	36,828	11,669	826	3,896	4,000
NR	NR	NR	282	167,455	141,789	139,042	+	5,567	68,416
131,177	72,020	228,029	*	107,691	184,739	6,908	*	686	32,201
87,777	69,456	123,355	130	90,801	87,620	14,260	+	2,693	80,549
NR	NR	NR	999	35,330	46,821	5,878	+	341	5,077
180,950	57,107	239,541	+	168,905	112,263	15,480	+	582	32,460
NR	NR	NR	889	34,062	358,260	7,385	3,028	23,823	29,792
NR	NR	NR	2,564	67,563	76,594	106,187	2,704	12,984	13,620
NR	NR	NR	550	33,814	19,513	4,392	254	1,171	1,559
207,074	95,740	401,324	8,045	239,037	232,730	17,252	+	2,048	45,223
NR	NR	NR	+	77,802	40,677	20,772	+	0	0
184,966	122,730	243,004	791	187,274	138,361	39,308	+	2,698	38,586
177,806	181,317	132,075	+	113,435	198,108	1,849	+	2,189	206,743
15,983	54,025	19,230	3,238	47,311	17,554	5,152	+	242	3,082
321,772	186,581	574,876	+	486,199	232,430	42,828	+	7,445	95,493
8,934	25,971	15,043	791	21,451	8,516	10,256	+	158	2,072
47,207	60,722	67,770	+	84,672	35,102	8,718	+	237	9,324
13,574	27,588	38,436	1,343	30,105	24,549	10,027	+	242	2,467
NR	NR	NR	1,719	124,678	377,437	5,358	+	10,757	64,949
NR	NR	NR	+	2,596	30,201	50,306	+	1,303	6,383
NR	NR	NR	291	44,202	55,880	3,913	+	1,351	12,580
NR	NR	NR	4,036	104,370	75,396	15,723	11,179	*	410
203,164	94,637	374,979	+	282,120	168,124	19,372	+	933	42,053
130,440	113,455	148,432	1,127	152,229	88,181	20,350	+	584	33,651
16,403	25,173	93,199	+	65,978	36,311	16,083	+	254	2,648
NR	NR	NR	497	151,590	131,343	216,977	1,052	8,847	55,919
NR	NR	NR	+	13,386	15,232	14,078	750	*	3,630
306,654	127,381	460,186	+	377,450	193,860	16,257	+	5,169	248,059
8,279	33,005	17,946	1,672	30,223	14,017	5,039	+	130	2,366
286,012	164,889	404,421	+	319,290	213,810	36,113	97	5,594	260,023

2,297,970	530,595	3,641,638		2,669	1,299,290	1,147,273	1,723,001	+		66,744	2,240,606
184,513	58,209	329,127	+		200,835	176,878	9,194		429	1,847	53,293
NR	NR	NR		3,195	156,700	115,308	93,512		1,371	12,048	52,638
NR	NR	NR		188	10,615	3,470	14,632		1,439	502	529
NR	NR	NR		753	86,954	49,999	152,403	+		7,134	9,149
81,233	100,647	190,689		1,238	172,872	96,777	19,614		835	768	52,913
20,659	24,274	31,605	*		21,474	15,875	17,784	*		157	3,985
8,153	31,529	10,016	+		14,824	9,230	17,491	+		357	7,380
7,926,959	2,728,397	########		31,248	6,743,603	6,154,632	2,830,164		11,750	132,237	6,258,426
NR	NR	NR		36,241	2,408,316	3,692,641	1,138,125		84,140	172,438	1,123,673
NR	NR	NR		67,489	9,151,919	9,847,273	3,968,289		95,890	304,675	7,382,099

FPL_100_1	FPL_150_2	FPL_200_2	FPL_250_3	FPL_300_4	FPL_400_5	FPL_GT50(	FPL_OTHR	Dntl_Cnsm	Dntl_Age_(
2,057	4,205	4,693	3,662	5,460	1,204	2,664	2,007	5,670	307
293,056	69,545	34,023	17,752	20,281	4,223	6,153	4,162	60,400	886
51,012	36,801	24,216	14,563	17,075	3,085	5,830	7,422	13,361	2,688
141,292	73,958	41,496	26,223	30,383	8,066	14,177	20,669	29,340	3,642
296,602	535,282	276,065	245,645	269,187	79,066	131,285	86,429	406,325	19,850
31,308	47,780	30,460	35,963	49,513	389	1,289	80,375	73,458	9,025
27,786	37,708	18,171	14,605	25,814	168	0	32,493	19,393	1,111
108	*	*	*	1,242	*	326	11,878	5,255	398
10,783	8,752	6,803	4,805	6,210	1,700	3,405	2,040	4,087	732
3,039,351	650,774	327,743	180,995	187,383	27,718	54,308	48,761	237,407	30,015
853,987	175,399	67,732	43,817	47,648	9,246	18,083	34,282	104,799	14,008
4,214	4,948	3,793	2,335	3,251	1,165	1,865	1,450	9,439	863
28,642	23,378	15,723	11,912	20,842	5,347	7,987	9,147	15,152	1,256
11,253	28,308	24,035	15,371	16,421	4,337	5,026	11,779	23,818	6,613
148,374	95,624	52,712	35,806	56,931	12,311	19,213	22,030	102,241	8,442
133,695	57,383	26,118	21,448	25,101	7,512	11,859	16,247	22,434	3,802
104,730	29,670	16,277	13,134	14,154	2,789	4,503	4,861	11,138	1,237
14,624	25,483	15,389	9,649	9,834	130	92	13,486	10,069	1,448
161,825	60,521	23,250	18,457	18,951	3,537	5,069	4,456	16,521	912
52,969	83,272	68,090	48,268	54,325	15,591	22,038	35,248	208,191	19,545
36,061	58,008	36,244	22,124	25,811	7,322	8,905	48,153	19,768	2,764
4,777	10,652	8,851	7,224	12,777	2,888	4,757	5,426	7,877	1,105
185,101	96,905	65,341	42,558	53,940	12,822	20,021	18,328	68,624	9,725
0	*	27,589	*	27,001	0	0	64,326	44,306	4,581
168,028	76,023	36,539	21,780	32,007	6,344	10,313	12,002	17,666	2,298
246,766	37,864	12,812	5,783	4,915	699	836	1,528	10,407	996
12,140	13,949	10,041	10,122	14,011	3,358	6,040	3,352	15,592	2,599
317,012	150,753	91,319	58,985	74,897	16,055	27,657	17,334	62,602	4,471
5,394	6,731	8,723	5,321	7,898	2,051	3,317	1,421	3,217	311
33,589	23,485	22,926	15,400	20,638	2,965	5,465	3,787	7,860	1,611
8,402	10,635	7,402	5,975	10,654	4,259	6,411	12,044	10,148	1,335
132,721	121,932	62,411	45,467	65,853	17,425	22,439	30,187	163,647	15,813
11,692	20,014	15,087	11,136	11,620	3,182	3,663	5,406	24,674	2,721
29,758	24,221	15,805	8,704	9,195	2,097	3,184	9,971	23,307	4,360
604	606	*	36,027	52,861	0	0	119,897	25,100	1,486
180,165	90,274	58,684	35,746	44,178	11,834	18,564	29,238	40,520	5,633
129,691	54,484	33,447	17,423	14,600	2,991	4,324	4,343	24,734	5,223
4,726	6,795	23,094	15,429	28,435	9,626	16,805	13,208	29,292	2,567
121,616	109,971	67,046	46,343	62,947	16,079	22,407	46,203	116,951	9,333
6,608	11,472	6,801	4,742	5,241	*	1,935	5,070	24,371	1,138
321,536	94,419	57,652	33,517	41,284	8,564	14,556	10,870	42,451	6,175
6,290	9,365	11,048	7,314	10,269	2,045	3,174	1,316	3,710	215
329,241	91,084	47,382	32,267	35,017	5,760	11,304	11,661	42,966	2,971

2,629,749	643,479	358,969	172,229	171,791	27,780	52,378	49,114	300,068	53,287
141,804	79,467	61,776	34,345	40,670	6,582	12,175	8,670	36,972	9,733
101,130	74,790	54,718	32,737	35,982	10,473	15,330	32,878	85,256	12,965
1,800	5,728	4,923	4,265	6,249	2,153	3,483	1,241	3,514	260
27,675	64,295	42,766	25,653	40,151	14,942	25,324	42,169	97,673	13,990
77,084	48,536	34,290	27,173	51,072	11,874	21,208	19,331	34,846	2,535
16,608	13,682	8,150	5,226	7,914	1,070	2,268	804	4,729	229
9,805	6,854	7,215	5,123	8,102	951	2,423	715	5,054	417
8,793,788	2,574,719	1,480,945	867,002	1,021,383	203,976	357,059	340,288	1,186,407	158,671
1,911,453	1,530,662	896,484	714,636	886,603	199,481	308,779	738,927	1,589,993	150,956
########	4,105,381	2,377,429	1,581,638	1,907,986	403,457	665,838	1,079,215	2,776,400	309,627

Dntl_Age_1	Dntl_Age_2	Dntl_Age_3	Dntl_Age_4	Dntl_Age_5	Dntl_Age_(	BHP_Enrlm	BHP_New_	BHP_Renrl	BHP_Age_(
357	1,263	1,393	1,121	1,167	62	+	+	+	+
7,088	12,413	12,809	12,596	14,053	555	+	+	+	+
1,134	2,019	2,471	2,236	2,678	135	+	+	+	+
2,339	4,664	5,172	5,110	7,964	449	+	+	+	+
39,968	95,604	80,254	70,100	94,961	5,588	+	+	+	+
5,391	14,679	15,607	11,505	14,023	3,228	+	+	+	+
1,594	4,040	3,489	3,268	5,291	600	+	+	+	+
269	1,162	1,399	952	774	301	15,722	977	14,745	0
287	554	698	662	1,078	76	+	+	+	+
23,716	35,732	44,659	44,918	54,650	3,717	+	+	+	+
11,809	19,818	20,146	18,644	18,994	1,380	+	+	+	+
532	1,235	1,820	2,040	2,783	166	+	+	+	+
1,143	2,657	2,934	2,637	4,366	159	+	+	+	+
2,288	3,616	3,943	3,306	3,722	330	+	+	+	+
8,776	20,795	19,161	17,664	25,642	1,761	+	+	+	+
1,746	3,470	4,190	3,922	5,061	243	+	+	+	+
1,098	1,933	2,202	2,025	2,528	115	+	+	+	+
1,026	2,073	2,044	1,558	1,776	144	+	+	+	+
1,314	2,689	3,669	3,477	4,277	183	+	+	+	+
23,288	41,794	39,393	33,018	41,417	9,736	+	+	+	+
2,027	3,455	3,090	2,040	2,229	4,163	+	+	+	+
487	1,257	1,579	1,274	1,885	290	+	+	+	+
5,224	11,961	13,109	11,427	16,420	758	+	+	+	+
3,503	9,251	8,181	6,740	10,988	1,062	96,171	NR	NR	1,732
1,342	2,866	3,508	3,216	4,212	224	+	+	+	+
1,273	1,471	1,927	2,109	2,545	86	+	+	+	+
1,231	2,837	3,113	2,511	3,212	89	+	+	+	+
4,700	11,187	12,817	12,460	16,075	892	+	+	+	+
241	662	787	566	622	28	+	+	+	+
699	1,232	1,479	1,357	1,411	71	+	+	+	+
725	1,794	2,015	1,570	2,602	107	+	+	+	+
17,763	35,072	30,231	27,343	32,629	4,796	+	+	+	+
2,274	4,348	4,674	4,143	5,888	626	+	+	+	+
1,736	3,728	4,358	3,746	4,940	439	+	+	+	+
1,699	5,314	5,383	4,530	6,503	185	1,714,745	7,325	1,707,420	0
3,000	7,027	7,589	6,869	9,900	502	+	+	+	+
2,155	3,225	4,582	4,210	5,112	227	+	+	+	+
1,721	4,598	6,700	6,027	7,399	280	41,280	NR	NR	0
10,181	24,978	23,176	19,183	28,096	2,004	+	+	+	+
2,689	4,458	4,591	4,395	5,935	1,165	+	+	+	+
4,051	7,223	7,647	7,112	9,997	246	+	+	+	+
287	795	888	707	783	35	+	+	+	+
4,002	8,372	8,564	8,210	10,438	409	+	+	+	+

30,896	47,511	53,604	51,503	58,030	5,237	+	+	+	+
3,671	6,940	6,591	5,082	4,738	217	+	+	+	+
7,708	14,858	15,280	14,057	18,371	2,017	+	+	+	+
275	563	658	572	842	344	+	+	+	+
9,186	18,140	18,384	15,273	19,126	3,574	+	+	+	+
2,689	7,035	6,744	5,864	9,686	293	+	+	+	+
381	704	866	967	1,505	77	+	+	+	+
458	1,058	1,129	966	979	47	+	+	+	+
109,500	197,127	225,676	213,477	266,271	15,685	41,280	NR	NR	0
153,937	329,003	305,021	263,311	344,032	43,733	1,826,638	NR	NR	1,732
263,437	526,130	530,697	476,788	610,303	59,418	1,867,918	NR	NR	1,732

BHP_Age_1	BHP_Age_2	BHP_Age_3	BHP_Age_4	BHP_Age_5	BHP_Male	BHP_Female
+	+	+	+	+	+	+
+	+	+	+	+	+	+
+	+	+	+	+	+	+
+	+	+	+	+	+	+
+	+	+	+	+	+	+
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+	+	+	+	+	+	+
1,534	4,115	4,521	3,007	2,545	NR	NR
+	+	+	+	+	+	+
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14,919	20,807	24,050	16,788	17,875	40,467	55,704
+	+	+	+	+	+	+
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289,860	412,346	396,909	330,968	284,662	812,056	902,689
+	+	+	+	+	+	+
+	+	+	+	+	+	+
5,504	10,201	10,377	7,538	7,660	17,447	23,833
+	+	+	+	+	+	+
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+	+	+	+	+	+	+
+	+	+	+	+	+	+
+	+	+	+	+	+	+
5,504	10,201	10,377	7,538	7,660	17,447	23,833
306,313	437,268	425,480	350,763	305,082	NR	NR
311,817	447,469	435,857	358,301	312,742	NR	NR

FabrizioWard+

Memorandum

To: Interested Parties
From: Tony Fabrizio and Bob Ward
Date: December 3, 2025
Re: Strong bipartisan support for routine childhood vaccinations in Targeted CDs

Our firm recently surveyed 1,000 voters in the 35 most competitive Congressional Districts nationally on their attitudes toward recommended vaccines.

Bottom Line: Our poll highlights strong bipartisan support for routine childhood vaccines in the nation's most competitive House districts, with majorities across political affiliations acknowledging their benefits and safety. High levels of trust in vaccines lead most parents to immunize their children, and skepticism toward vaccine requirements is politically risky for both parties. Republicans or Democrats adopting positions that remove long standing vaccine recommendations would negatively impact their party's performance. While the MAHA agenda is broadly popular in the area food and agriculture, vaccine skepticism stands as an outlier, rejected by most voters even within the MAHA movement.

Broad support for childhood vaccines, Hepatitis B, Shingles, whooping cough and others
More than seven-in-ten voters in these districts from across the political spectrum say the benefits of common vaccines like MMR (83%), TDAP (77%), Hepatitis B (73%), and shingles (73%), outweigh the risks. This includes more than six-in-ten MAHA voters for each of these vaccines. (Chart 1)

Confidence in vaccines is high among MAHA and Non-MAHA voters
Eight-in-ten MAHA voters and 86% of voters overall agree that vaccines save lives. More than three-in-four MAHA voters, and 83% of all voters say vaccines are the best defense against many infectious diseases. (Chart 2)

Vaccine trust leads most parents to having their kids vaccinated
The overwhelming number of parents (82%) in these districts also immunize their children based on health provider recommendations, including a supermajority (73%) of MAHA voters. (Chart 3)

Electoral downsides for Republicans & Democrats supporting eliminating vaccine recommendations
In the districts that will decide the control of the House of Representatives next year, Republican and Democratic candidates who support eliminating long standing vaccine requirements will pay a price in the election. The generic Congressional ballot in these 35 most competitive districts is a statistical dead-heat with Democrats holding a two-point edge.

If the Republican candidate supported the elimination of long-standing vaccine recommendations, the ballot margin shifts a net 12-points in the Democrat's favor, with the GOP candidate trailing by 14-points.

If the Democratic candidate were against the standing vaccine recommendations, their 2-point lead slides a net 20-points with the Republican leading by 18-points.

The negative movement for the candidate in either party scenario is even more dire among Swing voters – those voters who say they don't typically vote along straight party lines – slipping a net 22-points for the Republican vaccine skeptic, and a net 31-points for the Democrat vaccine skeptic. Vaccine skepticism is bad politics. (Chart 4)

The MAHA agenda is widely popular across party lines EXCEPT for vaccine skepticism, including among MAHA voters

Food policy, a key aspect of the MAHA policy agenda, resonates among most voters in these districts, across party lines. For example, more than nine-in-ten Trump and Harris voters think the government should require labeling of harmful ingredients and chemicals in ultra-processed foods. At the other end of the spectrum, vaccine skepticism, that is the removal of established childhood vaccine recommendations for diseases like whooping cough, measles, hepatitis and others is rejected by the overwhelming number of voters, resonates with just one-in-five voters, and just a third of self-described MAHA voters. Vaccine skepticism is an outlier, not a defining policy, of the Make America Healthy Again movement, which has very popular elements with appeal across the political spectrum in these most competitive districts. (Chart 5)

Methodology

Fabrizio Ward conducted a survey on November 18-20, 2025, of 1,000 registered voters in the 35 most competitive House districts across the country: those rated as "Toss-up" or "Lean Republican/Democrat" by the Cook Political Report as of November 18, 2025. Interviews were conducted evenly across the districts. The survey was offered in English and Spanish. Quotas were set by age, gender, partisan affiliation, education, and race/ethnicity. Data was weighted by district, age, gender, recalled 2024 vote, education, and race/ethnicity. Margin of sampling error for n1,000 is ±3.1% at the 95% confidence level. The interviews were conducted via cell phones (35%), landlines (25%), and SMS-to-Web (40%) to voters sampled from the voter file.

Key Demographics

Party Affiliation

Republican	34%
Independent	28
Democrat	32
Other/Ref	5

2024 Vote

Donald Trump	42%
Kamala Harris	39
Someone else	5
Did not vote	12
Refused	3

Race/Ethnicity

White	65%
Latino/Hispanic	19
African American/Black	8
Asian American	4
Native American	2
Refused	2

Age

18-34	25%
35-49	23
50-64	24
65+	26
Refused	2

Education

High School or Less	23%
Some College	37
4-Year College	24
Post-Grad degree	16
Refused	<1

Have Children

Total Yes	61%
Yes, adult children	35
Yes, minor children	18
Yes, both minors and adults	8
No	39
Refused	<1

Self-Identify MAHA Supporter

Yes	44%
No	34
Unsure	22

Gender

Male	48%
Female	51
Other	1

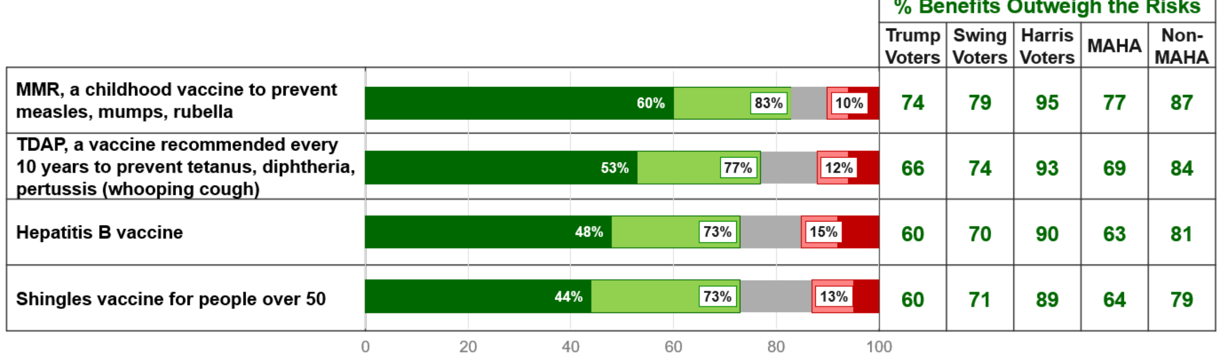
Congressional Districts

AZ-01	3%	NY-03	3
AZ-06	3	NY-04	3
CA-13	3	NY-17	3
CA-22	3	NY-19	3
CA-45	3	OH-01	3
CA-48	3	OH-09	3
CO-08	3	OH-13	3
FL-23	3	PA-07	3
IA-01	3	PA-08	3
IA-03	3	PA-10	3
MI-07	3	TX-28	3
MI-08	3	TX-34	3
MI-10	3	VA-01	3
NE-02	3	VA-02	3
NJ-07	3	VA-07	3
NJ-09	3	WA-03	3
NM-02	3	WI-03	3
NV-03	3		

Chart 1

FabrizioWard

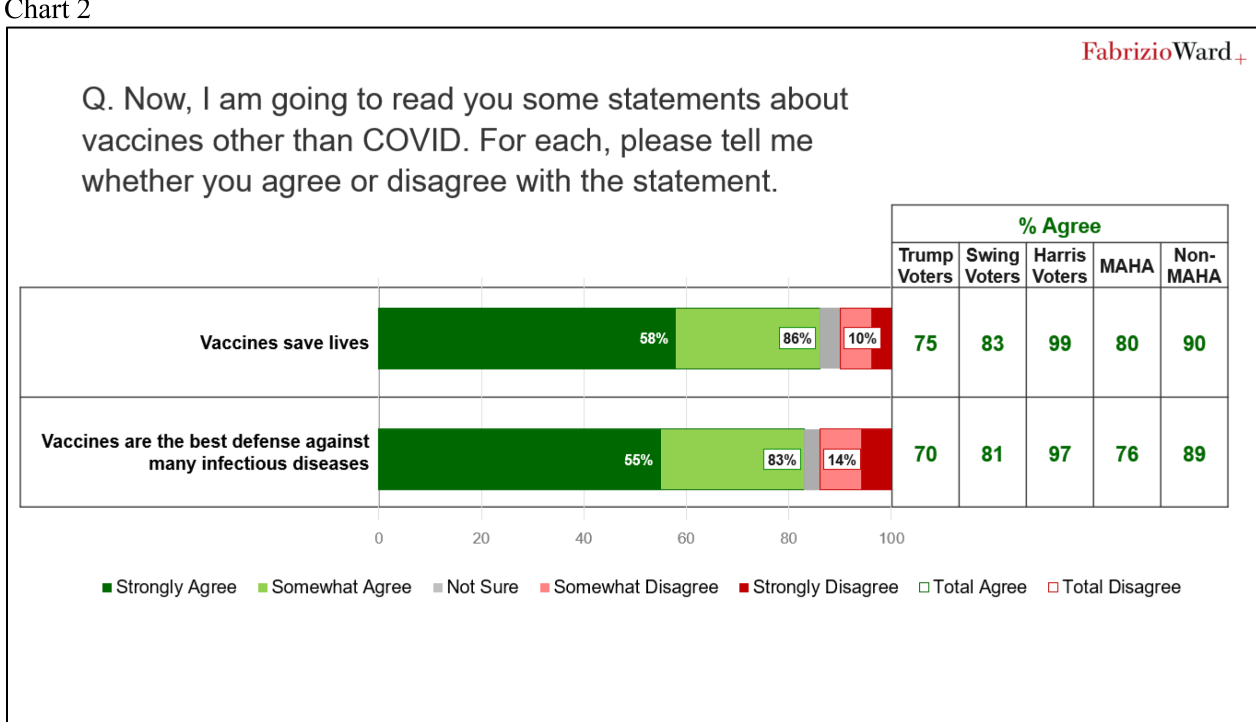
Q. Now, I am going to read you some specific vaccines. Please tell me whether you think that benefits of the vaccine generally do or do not outweigh the risks.



	% Benefits Outweigh the Risks				
	Trump Voters	Swing Voters	Harris Voters	MAHA	Non-MAHA
MMR, a childhood vaccine to prevent measles, mumps, rubella	74	79	95	77	87
TDAP, a vaccine recommended every 10 years to prevent tetanus, diphtheria, pertussis (whooping cough)	66	74	93	69	84
Hepatitis B vaccine	60	70	90	63	81
Shingles vaccine for people over 50	60	71	89	64	79

■ Benefits>Risks, Definitely ■ Benefits>Risks, Probably ■ Unsure ■ Risks>Benefits, Probably ■ Risks>Benefits, Definitely □ Total Benefits □ Total Risks

Chart 2



	% Agree				
	Trump Voters	Swing Voters	Harris Voters	MAHA	Non-MAHA
Vaccines save lives	75	83	99	80	90
Vaccines are the best defense against many infectious diseases	70	81	97	76	89

Chart 3

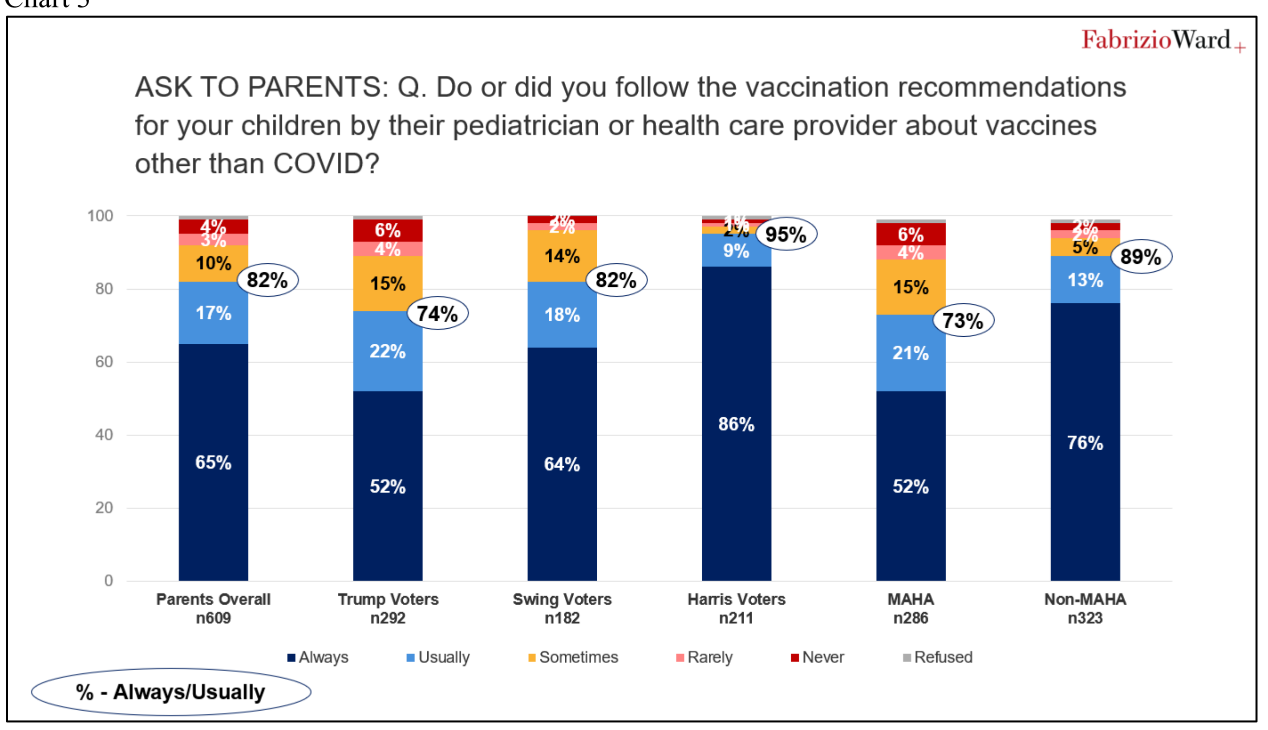


Chart 4

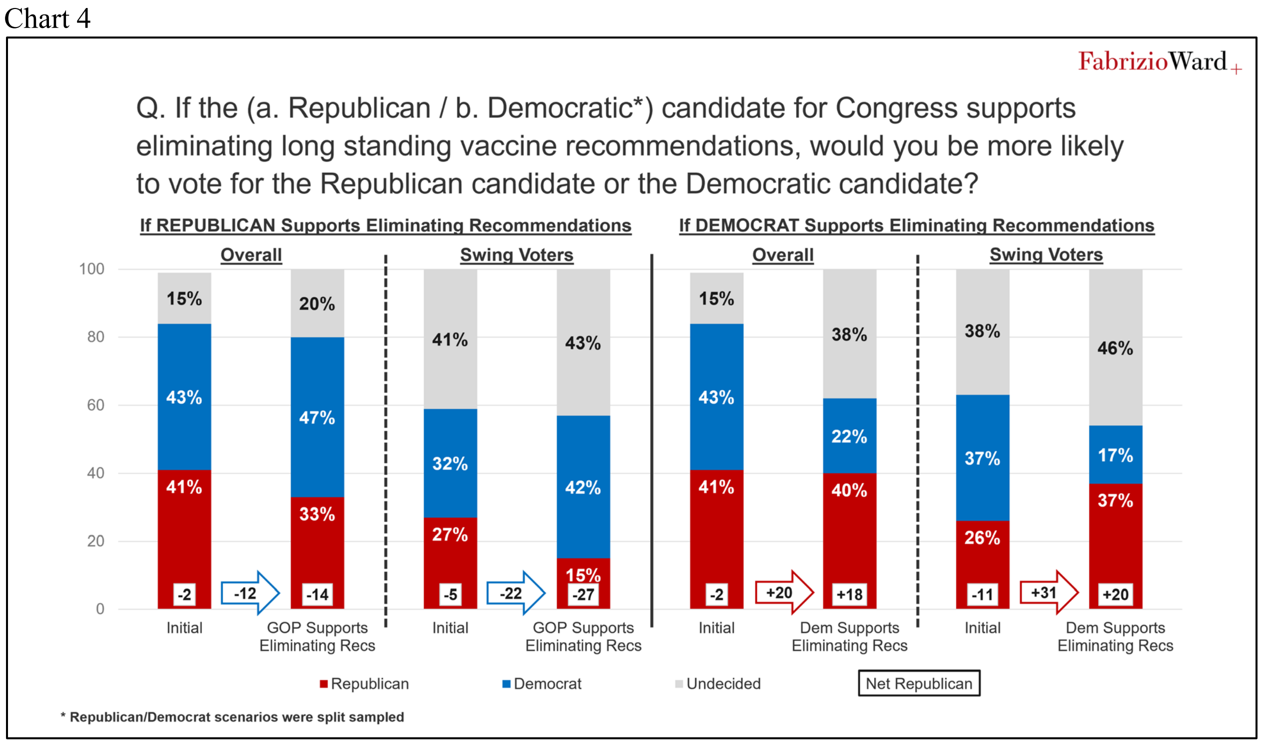
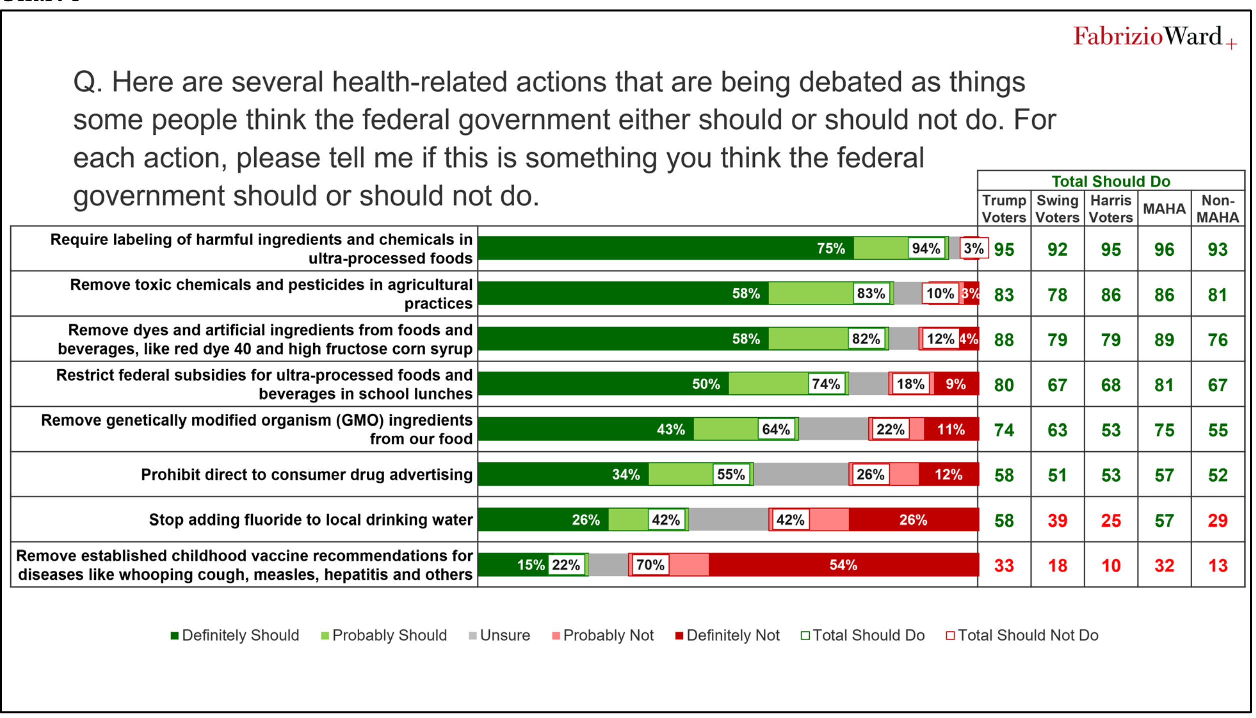


Chart 5



5600 Fishers Lane • Rockville, MD 20857
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

NOTIFICATION LETTER TO RECIPIENT FOR TERMINATION OF FEDERAL AWARD FOR NON-ALIGNMENT WITH SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) PRIORITIES

Funding for the referenced award is hereby terminated pursuant to 2 C.F.R. § 200.340(a)(4). This letter constitutes a notice of termination, effective January 13, 2026.

Pursuant to the terms of the award and 2 C.F.R. § 200.340(a)(4), SAMHSA may terminate a federal award, "to the extent authorized by law, if an award no longer effectuates the program goals or agency priorities."

SAMHSA's current priorities, **https://www.samhsa.gov/about/strategic-priorities**, include focusing agency resources on promoting innovative programs and interventions that address the rising rates of mental illness and substance abuse conditions, overdose, and suicide and their connections to chronic diseases, homelessness, and other challenges our Nation's communities face. A key component of this effort is innovations in grant making – developing grants tailored to states and communities that provide services and supports to effect immediate and positive health changes in the people and communities we serve; and to measure our success. As a result, SAMHSA is adjusting its discretionary award portfolio, which includes terminating some of its awards, in order to better prioritize agency resources towards the above-mentioned priorities.

Although in its discretion SAMHSA may suspend (rather than immediately terminate) an award to allow the recipient an opportunity to take appropriate corrective action before SAMHSA makes a termination decision, after review and consideration, no corrective action is possible here since no corrective action could align the award with current agency priorities.

Costs resulting from financial obligations incurred after termination are not allowable other than in accordance with 2 CFR § 200.472 or as may be provided in further instruction from the agency. Nothing in this notice excuses either SAMHSA or you from complying with the closeout obligations imposed by 2 C.F.R. §§ 200.344-200.345. Consistent with 2 C.F.R. 200.344, you will have 120 days from the effective date of termination to liquidate all financial obligations incurred prior to termination of this award.

Christopher D. Carroll
Principal Deputy Assistant Secretary

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

EASTERN DIVISION

AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL EMPLOYEES, AFL-CIO *et al.*, *Plaintiffs*, v. RUSSELL VOUGHT, in his official capacity as Director of the Office of Management & Budget, *et al.*, *Defendants*.	Case No. 26-cv-2656 Honorable Judge John F. Kness

PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION AND STAY UNDER 5 U.S.C. § 705

For the reasons outlined in the accompanying memorandum of law, Plaintiffs American Federation of State, County, and Municipal Employees, AFL-CIO and American Federation of State, County, and Municipal Employees Council 31 (collectively "AFSCME") respectfully ask this Court to grant a preliminary injunction enjoining Defendants U.S. Centers for Disease Control and Prevention ("CDC"), the U.S. Department of Health and Human Services ("HHS"), and the Office of Management and Budget ("OMB"), and their officers from implementing an OMB directive that commanded federal agencies to cut, terminate, or otherwise withhold funding to Illinois, California, Colorado, and Minnesota, as well as the CDC's announcement of its plans to terminate numerous public health grants to those states in accordance with that directive. Plaintiffs also respectfully ask this Court to stay these actions pursuant to 5 U.S.C. § 705.

Counsel for Plaintiffs contacted counsel for Defendants via email for Defendants' position in this motion and a potential briefing schedule but received no response. Plaintiffs will separately file a statement describing Plaintiffs' proposed briefing schedule on the docket.

Date: March 25, 2026

/s/ *Joel McElvain*

Joel McElvain (DC Bar No. 448431)
Shiva Kooragayala (IL Bar No. 6336195)
Kristen Miller (DC Bar No. 229627)*
Cortney Robinson Henderson (DC Bar No. 1656074)*
Yenisey Rodríguez (D.C. Bar No. 1600574)*
DEMOCRACY FORWARD FOUNDATION
P.O. Box 34553
Washington, DC 20043
(202) 297-4810
jmcelvain@democracyforwward.org
skooragayala@democracyforward.org
consultantkmiller@democracyforward.org
crhenderson@democracyforward.org
yrodriguez@democracyforward.org

Matthew Blumin (DC Bar No. 1007008)*
Georgina Yeomans (DC Bar No. 1510777)*
AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL EMPLOYEES, AFL-CIO (AFSCME)
1625 L Street NW
Washington, DC 20036
(202) 775-5900
MBlumin@afscme.org
GYeomans@afscme.org

Counsel for All Plaintiffs

**Admitted Pro Hac Vice*

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

EASTERN DIVISION

AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL EMPLOYEES, AFL-CIO *et al.*,

Plaintiffs,

v.

RUSSELL VOUGHT, in his official capacity as Director of the Office of Management & Budget, et al.,

Defendants.

Case No. 26-cv-02656
Honorable Judge John F. Kness

MEMORANDUM IN SUPPORT OF PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION AND 705 STAY

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INTRODUCTION

The Trump-Vance administration is once again attempting to punish residents of Democratic-led states for their perceived political views. Following the President's explicit calls to punish so-called "sanctuary jurisdictions," the Office of Management and Budget ("OMB") issued a directive to cut funding to Illinois, California, Colorado, and Minnesota (the "Targeted States") (the "OMB Targeting Directive"). The U.S. Department of Health and Human Services ("HHS") accordingly announced that it would terminate over $600 million dollars' worth of public health grants awarded by the U.S. Centers for Disease Control and Prevention ("CDC") (the "CDC Grant Termination Decision"). HHS then used artificial intelligence to hastily and sloppily contrive a *post-hoc* and pretextual rationale for terminating the critical public health funding only in the four Targeted States. HHS provided no public explanation for its decision to terminate the grants other than that they vaguely "no longer aligned with agency priorities."

These grants support critical public health programs that are staffed by members of Plaintiffs AFSCME and AFSCME Council 31. Defendants' actions, if they go into effect, will prevent Plaintiffs' members from doing their essential work of protecting the public health of their communities and our country. This will pose existential threats to the jobs and livelihoods of Plaintiffs' members who engage in work funded by these grants. The OMB Targeting Directive and the CDC Grant Termination Decision also weaken the Plaintiff unions themselves, as a loss of membership resulting from layoffs and financial distress for public health employers will both reduce their bargaining strength.

The Administrative Procedure Act ("APA") does not permit the actions of OMB, HHS, or the CDC. The OMB Targeting Directive and the CDC Grant Termination Decision are neither rational nor reasonably explained, as they stem from political animus. The federal agencies acted arbitrarily by failing to consider the procedures that they were obligated to follow, whether any

alternative could address Defendants' concerns, or the important reliance interests at stake, among other things. For similar reasons, Defendants violated the Equal Protection Clause, as incorporated into the Fifth Amendment of the U.S. Constitution, by intentionally treating the residents of the Targeted States, including Plaintiffs' members, differently from the residents of other States that receive substantially similar public health grants from the CDC. Because Defendants took these actions on the basis of the perceived political views of the residents of the Targeted States, they violated the First Amendment as well.

The Court should grant a stay pursuant to 5 U.S.C. § 705 and a preliminary injunction against the implementation of the OMB Targeting Directive and the CDC Grant Termination Decision to prevent irreparable harm to Plaintiffs. Defendants will suffer no meaningful harm from continuing to disburse federal grants as they are legally required to do, and the public will only benefit from an orderly and lawful process to use funds for which they qualify.

BACKGROUND

I. Trump-Vance Administration's Pattern of Punishing Democratic-Led States and their Residents

Since taking office, the Trump-Vance administration has repeatedly targeted perceived political enemies "with threats of investigations or penalties, including freezing federal funds" to coerce submission to the Administration's positions on immigration and other issues. Peter Eisler, Ned Parker, Linda So & Joseph Tanfani, *Trump's campaign of retribution: At least 470 targets and counting*, Reuters (Nov. 26, 2025), https://perma.cc/8C7D-CWA4.

For example, immediately upon taking office, President Trump issued an executive order directing the Secretary of the Department of Homeland Security ("DHS") to "ensure that so-called 'sanctuary' jurisdictions," referring to states and localities that the administration disagrees with on immigration policy, "do not receive access to Federal funds[.]" Exec. Order No. 14159, § 17,

90 Fed. Reg. 8443, 8446 (Jan. 20, 2025). Then in April 2025, the President issued another executive order that directed "the head of each executive department or agency … in coordination with the Director of [OMB] and as permitted by law, shall identify appropriate Federal funds to sanctuary jurisdictions, including grants and contracts, for suspension or termination, as appropriate." Exec. Order No. 14287, § 3, 90 Fed. Reg. 18761 (Apr. 28, 2025).

In October 2025, the Administration froze over $2 billion in funding for transit projects in Chicago. Julie Bosman, *White House Suspends $2.1 Billion in Funding for Chicago Transit Projects*, N.Y. Times (Oct. 3, 2025), https://perma.cc/LE66-FFJC. The same month, Defendant OMB Director Vought announced that the Department of Energy would terminate grants in sixteen Democratic-led states, including the four Targeted States. Russ Vought (@russvought), X (Oct. 1, 2025, at 2:09 PM ET), https://perma.cc/7YP9-QU4V. The Administration acknowledged in court that the "primary reason" for doing so was that the grantees were "located in [] 'Blue State[s]'" that "have recently elected Democratic candidates in state and national elections." Stipulation at 1, *City of Saint Paul, Minn. v. Wright*, No. 25-cv-03899 (D.D.C. Dec. 19, 2025), Dkt. 22-1.

In 2026, the Administration's retaliation against "blue states," including the Targeted States, only intensified. In January, the Administration "cut[] off more than $10 billion in social services and child care funding" to five Democratic-led states: the Targeted States and New York, which the President later confirmed on social media was a politically motivated decision. Josh Christenson, *Trump cuts off $10B in funding to five blue states for child care, social services over fraud fears*, N.Y. Post (Jan. 5, 2026), https://perma.cc/NEP3-SKJW; Donald J. Trump (@realDonaldTrump), Truth Social (Jan. 5, 2026, at 11:13 AM ET), https://perma.cc/PC25-

UDED.[1]

II. OMB Issues Directive to Freeze Federal Funding in Targeted States, Starting with Public Health Funding

In this latest episode, President Trump continues to deliver on public threats to withhold federal funding from Illinois, California, Colorado, and Minnesota, whom he perceives as his political foes. In a speech on January 13, President Trump did not parse words when declaring that he would cut off funding to "sanctuary cities or States" by February 1: "we're not making any payment to anybody that supports sanctuary cities." The White House, *President Trump Delivers Remarks to the Detroit Economic Club*, at 58:47 (Jan. 13, 2026), https://perma.cc/LC56-SCFD. He reiterated the message on social media and at a White House press conference days later. Donald J. Trump (@realDonaldTrump), Truth Social (Jan. 14, 2026, at 6:52 AM ET), https://perma.cc/AG96- 3B87; The White House, *Press Secretary Karoline Leavitt Briefs Members of the Media*, at 1:38:26 (Jan. 20, 2026), https://perma.cc/8VV6-AVCL. The record in *Illinois v. Vought*, No. 26-cv-1566 (N.D. Ill.)("*Illinois*"), shows that Defendant OMB, which operates within the executive office of the President, worked swiftly to effectuate President Trump's message.

On January 16, OMB's chief of staff asked senior officials at HHS to put together a "list" and thanked them for their "willingness to be team players and to support the President's priorities." Decl. of Sherief Gaber Ex. 2, at 108–09, *Illinois*, Dkt. 55-3. Four days later, OMB sent a "Budget Data Request" to numerous federal agencies that sought "a detailed report on Federal funds provided to components, agencies, or instrumentalities of *certain* States" to be delivered to the White House by January 28, just a few days before the President's February 1 deadline. *Illinois*,

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[1] Plaintiffs in this case are challenging the childcare funding cuts in a separate lawsuit. *See AFSCME v. HHS*, No. 26-cv-00759 (N.D. Cal. Jan. 23, 2026).

Dkt. 44 (the "Administrative Record" or "AR") at CDC_1245–2663 (emphasis added). The "certain" states OMB targeted were all Democratic-led, other than Virginia. *Id*. In the meantime, OMB called a meeting of the President's Management Council on January 21, during which OMB reminded the heads of major federal agencies, including Defendant HHS, of the forthcoming actions. Gaber Decl. Ex. 2, at 24, *Illinois,* Dkt. 55-3. The next morning, OMB's Deputy Director for Management sent an email asking agencies to provide "recommended actions prior to February 1." *Id*. at 158 (CDC_001390).

Defendant HHS endeavored to effectuate OMB's Targeting Directive. CDC staffers began by exchanging a spreadsheet of "active awards for Colorado, California, Minnesota, and Illinois." Gaber Decl. Ex. 2, at 34–36, *Illinois*, Dkt. 55-3. On February 1, OMB's chief of staff emailed HHS staffers with the subject line, "Re: Grant Awards – Implementation Call follow up," with a list of tasks. *Id*. at 27–28. The next day, President Trump said on a podcast that he had ordered broad funding cuts to Democratic-led jurisdictions with immigration policies that he dislikes: "Sanctuary cities are a disaster. So I put out an order, anybody that does a sanctuary city is not getting any money. Let's see what happens, you know, it'll get wiped out by these liberal courts." Dan Bongino Show: I'm Back (Ep. 2443), at 1:34:13 (Spotify, Feb. 2, 2026), https://perma.cc/8TLK-S4KU.

On February 4, Defendant Vought shared with the President a list of CDC public health grants that were to be cancelled; the list had been created by HHS in response to OMB's Targeting Directive. Gaber Decl. Ex. 2, at 119, *Illinois*, Dkt. 55-3. OMB leaked the news to the press and told HHS that "at 2 PM ET today, we have an exclusive going to announce the first cuts we [CDC] are making in funds that we have been asking agencies to investigat[e] from 14 states and D.C." *Id*. at 100. That day, the New York Post reported more than $1.5 billion in federal funding, including $602 million from the CDC, would be "claw[ed] back" from various "blue" states. Josh

Christenson, *White House Instructs DOT, CDC to Cut $1.5B in Grants for Dem States, Citing 'waste and mismanagement*,' N.Y. Post (Feb. 4, 2026), https://perma.cc/4E8R-Z37J. OMB confirmed to *The Hill* the following day that it had directed the CDC (as well as the Department of Transportation) to terminate its public health grants in the Targeted States. Rachel Frazin, *Trump Administration Directs Rescission of $1.5B from Blue States on Health, Transportation*, The Hill (Feb. 5, 2026), https://perma.cc/9CB6-9H58. The grants that OMB chose for termination have nothing at all to do with immigration – the President's stated purpose for the federal funding cuts to the Targeted States.

III. HHS and CDC Make Decision to Terminate Pre-Selected CDC Grants

Since OMB had already selected the Targeted States' public health grants for termination, HHS and CDC were then left to manufacture a basis for the termination of public health funds. HHS and CDC officials met for a "CDC Regroup" to discuss a "comms plan" and a "path forward regarding OMB request" on February 5, *after* OMB had already announced that $602 million in CDC grants were to be terminated. Gaber Decl. Ex. 2, at 96, *Illinois*, Dkt. 55-3. The HHS Chief of Staff followed up, asking a staffer to "incorporate these into the standard process of grants for alignment to agency priorities," referring to the *New York Post* article from days earlier. *Id*. at 37. In so doing HHS was working to contrive a *post-hoc* and pretextual rationale for why the pre-selected grants "no longer effectuate[]…agency priorities" under 2 C.F.R. § 200.340(a)(4).

The Trump-Vance administration has relied extensively upon Section 200.340(a)(4), an OMB grants management regulation, to attempt to justify unlawful federal funding cuts. Prior to October 1, 2025, HHS had not yet incorporated this regulation into its own grant regulations, so for grants at issue in this case that were awarded prior to that date, the terms and conditions of those awards did not contemplate termination based on "agency priorities." *See, e.g.*, AR at CDC_862 (period of performance for an award granted to an employer of some of Plaintiffs'

members in Colorado started on December 1, 2022).

In a slapdash effort, Defendants HHS and CDC used an artificial intelligence ("AI") model to produce reasons for why the pre-selected grants did not align with agency priorities. Late on a Friday evening, CDC staffers began working on an "URGENT" request to assemble "the work plans and other related documents for [] 66 grants," Gaber Decl. Ex. 2, at 195–96, *Illinois*, Dkt. 55-3, including grants funding the work of Plaintiffs' members. An "advisor" at CDC ran documents for the 66 grants through an AI model that contained basic errors and was plainly biased. Gaber Decl. Ex. 2, at 32–33, 82; *Illinois*, Dkt. 55-3; AR at CDC_139. The model was told that its "primary task is to analyze grant applications … and identify content that contradicts or fails to align with CDC's published priorities." *Id*. HHS provided the AI model a list of thirteen "priorities," several of which only vaguely referred to unidentified laws; for example, one "priority" was that "[f]ederal funds should not encourage or support illegal immigration (consistent with applicable federal law)." AR at CDC_141. But the model failed to identify "applicable law." *Id*. On the last page of the AI prompt, CDC told it to "read grant reports to compile the strongest evidence to support termination." AR at CDC_147.

The AI model "assign[ed] a confidence score (1-10)," to measure the level of misalignment it found between the grants and the agency priorities it was provided and then produced an "overall alignment assessment[] on a scale of 1-100 (1 least aligned, 10 most aligned)," which are clearly conflicting scales of assessment. AR at CDC_142–43. As a result, half of the pre-selected grants received the same score of 72/100, all but confirming that the model had made a mistake. *See, e.g.*, AR at CDC_153–54. But through their use of the AI model, HHS and CDC achieved their goal. They were able to contrive a *post hoc* and pretextual basis for terminating the chosen CDC grants. They only asked the AI model to "evaluate" grants that had already been selected for termination,

and they failed to use actual human reasoning to review the model's conclusions.

The work was done fast and over the weekend. The following Monday, February 9, HHS told the *New York Times* that the agency was moving forward with the CDC Grant Termination Decision because the pre-selected public health grants "do not reflect agency priorities." Apoorva Mandavilli, *Trump Administration to Cut $600 Million in Health Funding from Four States*, N.Y. Times (Feb. 9, 2026), https://perma.cc/S8DS-KXML. The same day, HHS notified Congress of its decision to terminate this first set of CDC grants in the Targeted States as required under current appropriations law. Pub. L. No. 119-75, § 524, 140 Stat. 173. In its Congressional notice, HHS provided only one reason for the termination of each of the public health grants: "Inconsistent with Agency Priorities." AR at CDC_1239–41. The agency said nothing else. And, as part of its Grant Termination Decision, on February 11, the CDC notified Congress of its intention to terminate another 41 public health grants in the Targeted States. The CDC's reasoning for this second round of grant cuts is the same: "Inconsistent with Agency Priorities." AR at CDC_1242–44.

Defendants began notifying Targeted States of the CDC Grant Termination Decision on February 11, which was to take effect the next day. *See, e.g.*, AR at CDC_910–15 (notice of award containing a termination letter for award number NE11OE000094, which directly affects an employer of Plaintiffs' members in Illinois); *see also* Decl. of Olusimbo Ige ¶¶ 6–7, *Illinois*, Dkt. 57-6. CDC cited its authority to terminate awards that "no longer effectuate[] the program goals or agency priorities," but entirely failed to explain why or how any individual grant fails to effectuate those goals and priorities. *See, e.g.*, AR at CDC_914. CDC also claimed that the grantee could not possibly take corrective action to become compliant with these priorities, but once again failed to explain why such corrective action is impossible. *Id.*

The Targeted States filed a first lawsuit challenging OMB's Targeting Directive on

February 11, 2026. *See Illinois*, Dkt. 1. Judge Shah granted the States' request for a preliminary injunction on March 12, finding that they were likely to succeed on their claims that the OMB Targeting Directive was arbitrary and capricious and otherwise unconstitutional, and would result in irreparable harm. *See* Prelim. Inj. Order, *Illinois*, Dkt. 64. Among other things, the order "prohibits Defendants from 'implementing' the OMB Targeting Directive by 'identify[ing] and "terminat[ing] public health grants awarded … and "also mandates that Defendants treat "any actions taken to implement" the OMB Targeting Directive as 'null, void, and rescinded.'" In the meantime, Defendants have filed a motion to transfer this case to the Court of Federal Claims and have renewed a similar motion in the States' litigation. If the injunction is lifted for any reason, the OMB Targeting Directive and CDC Grant Termination Decision will go back into effect.

IV. Loss of Grants at Issue Will Impact Public Health and Impose Existential Harms on Plaintiffs' Members

In each of the Targeted States, Defendants' actions threaten to cut millions of dollars of critical public health grants to Plaintiffs' members' employers that perform essential public health functions, including outbreak and sexually transmitted disease tracking and control, immunizations, HIV testing and treatment, and more. OMB's Targeting Directive and the CDC Grant Termination Decision jeopardize the money Plaintiffs' members' employers use to fund their programs and Plaintiffs' members' jobs and will accordingly irreparably harm Plaintiffs' members and the unions that advocates for them.

The governmental entities that employ Plaintiffs' members have attested in sworn declarations filed in *Illinois*, that the Targeting Directive will require the layoff of significant numbers of employees in state and local public health departments where Plaintiffs represents employees, including many where Plaintiffs represents the vast majority of all such employees as their exclusive collective bargaining representative under state law. *See generally* Ex. A, Decl. of

Michelle Sforza. In other words, the OMB Targeting Directive will result in AFSCME and AFSCME Council 31 members losing their jobs and everything that goes with their public employment, including crucial benefits like health insurance. Some examples follow.

The Commissioner of the Chicago Department of Public Health ("CDPH") has attested that the Targeting Directive will require CDPH to "significantly" cut staffing levels in the immediate term, including by eliminating up to 98.45 full-time employees of CDPH. Ige Decl. ¶¶ 10, 49, *Illinois*, Dkt. 57-6. AFSCME and AFSCME Council 31's voluntary dues-paying membership includes 369 CDPH employees, and AFSCME Council 31 is certified under state law to represent a bargaining unit of CDPH employees who comprise about 60% of all employees of CDPH, meaning any significant layoff will affect Plaintiffs. Ex. B, Decl. of Damian Plaza. ¶ 4; Sforza Decl. ¶ 10.

For example, one of Plaintiffs' members who works at CDPH supports a program funded by a federal grant slated to be terminated tracks treatments that Chicagoans receive for communicable sexually transmitted diseases, both to ensure they receive adequate treatment and to minimize the spread of diseases. Ex. C, Decl. of Darletta Smith ¶ 4. If her position were to be terminated, not only would she lose her job – which she "desperately needs" for her employer-provided health insurance – but the critical work that she does to protect public health in Chicago would be curtailed. *Id*. ¶ 7.

At the Illinois Department of Public Health ("IDPH"), where Council 31 represents about two-thirds of all IDPH employees, the Chief Operating Officer has attested that the OMB Targeting Directive and CDC Grant Termination Decision will require IDPH to reduce or eliminate at least 99 IDPH positions, including 78 full-time employees. Decl. of Ashley Thoele ¶ 35, *Illinois*, Dkt. 57-5. That will lead AFSCME members to lose their jobs. Sforza Decl. ¶ 9. The

agency actions will also withdraw support for 674 local health department positions in the State; AFSCME Council 31 represents employees as their exclusive collective bargaining representative at many such departments. Sforza Decl. ¶¶ 11–12

The Deputy Commissioner of the Minnesota Department of Health ("MDH"), where AFSCME Council 5 represents most of the employees, has attested that Defendants' actions endanger 97 full-time equivalent MDH positions. Decl. of Wendy Underwood ¶ 62, *Illinois*, Dkt. 57-9; Sforza Decl.¶ 14. It will also put local health departments, where AFSCME members also work, at risk. Sforza Decl. ¶ 16.

AFSCME's membership in Colorado includes hundreds of employees at the City of Denver, including at the Denver Department of Public Health and Environment ("DDPHE"). DDPHE's Executive Director has attested that Defendants' actions would withhold over $14 million, forcing DDPHE to terminate 22 full-time employees. Decl. of Karin McGowan ¶ 7, 14, *Illinois*, Dkt. 57-8. That will lead AFSCME members to lose their jobs. Sforza Decl. ¶¶ 13. Denver just last year laid off 171 workers, including AFSCME members who worked at DDPHE, and eliminated 665 open positions to cut $100 million from its budget, and thus any budget cuts affecting Denver put AFSCME jobs at risk through the City. *Id*.

And in California, the agencies' actions would cause Los Angeles County to lose over $64 million in public health funds and terminate up to 148.5 employees of the county's Department of Public Health ("LACDPH"), whose employees are represented by AFSCME Affiliates. *See* Decl. of Barbara Ferrer ¶ 10, *Illinois*, Dkt. 57-11; Sforza Decl. ¶ 18.

As discussed below, the harm from these job losses extends far beyond the loss of a paycheck. They upend AFSCME and Council 31 members' entire lives, imperiling their ability to cover essential expenses in the short term, including healthcare. They also weaken Plaintiffs' and

their members' abilities to secure fair terms in collective bargaining negotiations. Plaza Decl. ¶ 8–9; Sforza Decl. ¶ 21.

LEGAL STANDARD

A plaintiff may obtain a preliminary injunction if "it is likely to succeed on the merits of its claims and [if] traditional legal remedies would be inadequate, such that it would suffer irreparable harm without injunctive relief," *Ill. Tamale Co., Inc. v. LC Trademarks, Inc.*, 164 F.4th 648, 654 (7th Cir. 2026), and "the balance of equitable interests tips in favor of injunctive relief." *Ind. Right to Life Victory Fund v. Morales*, 112 F.4th 466, 471 (7th Cir. 2024) (cleaned up). This Circuit uses a "sliding scale approach for this balancing: if a plaintiff is more likely to win, the balance of harms can weigh less heavily in its favor, but the less likely a plaintiff is to win the more that balance would need to weigh in its favor." *GEFT Outdoors, LLC v. City of Westfield*, 922 F.3d 357, 364 (7th Cir. 2019) (cleaned up). "Th[is] standard is the same for an application for a stay under section 705 of the APA." *Cook Cnty., Ill. v. Wolf*, 962 F.3d 208, 221 (7th Cir. 2020).

ARGUMENT

I. Plaintiffs Are Likely to Succeed on the Merits.

Plaintiffs' likelihood of success on the merits "depends on their prospects of successfully meeting the elements of [their] claims." *Minocqua Brewing Co. LLC v. Hess*, 160 F.4th 849, 855 (7th Cir. 2025). The Court likely has jurisdiction to adjudicate Plaintiffs' claims, as the Tucker Act cannot preclude review of claims that are brought by non-grantees and are not based on the grants. Further, Plaintiffs are likely to succeed on their claims that OMB's Targeting Directive and the CDC's Grant Termination Decision are arbitrary and capricious, violate the Fifth Amendment's Equal Protection Clause, and run afoul of Plaintiffs' First Amendment rights.

A. This Court Likely has Jurisdiction over Plaintiffs' claims.

The APA "confers a general cause of action upon persons 'adversely affected or aggrieved by an action within the meaning of a relevant statute'" against the federal government, *Block v. Cmty. Nutrition Inst.*, 467 U.S. 340, 345 (1984) (quoting 5 U.S.C. § 702), and waives the government's sovereign immunity with respect to such claims. *See Cook Cnty.*, 962 F.3d at 233. The APA's waiver of sovereign immunity, "does not apply 'if any other statute that grants consent to suit expressly or impliedly forbids the relief which is sought.'" *Dep't of Educ. v. California*, 604 U.S. 650, 651 (2025) (quoting 5 U.S.C. § 702). The Tucker Act vests exclusive jurisdiction in the Court of Federal Claims ("CFC") over claims against the United States founded "upon any express or implied contract with the United States." 28 U.S.C. § 1491(a)(1)(A). If the action is a disguised damages claim for breach of contract, then no cause of action is available in district court under the APA. *See City of Chicago v. DHS*, No. 25 C 5463, 2025 WL 3043528, at *4 (N.D. Ill. Oct. 31, 2025). However, "the mere fact that a court may have to rule on a contract issue does not, by triggering some mystical metamorphosis, automatically … deprive the court of jurisdiction." *Chicago Women in Trades v. Trump*, 778 F. Supp. 3d 959, 982 (N.D. Ill. 2025) (quoting *Megapulse, Inc. v. Lewis*, 672 F.2d 959, 968 (D.C. Cir. 1982)).

Here, Plaintiffs are "entitled to judicial review" of the OMB Targeting Directive and the CDC Grant Termination Decision because they "suffer[] legal wrong[s]" and are "adversely affected or aggrieved" by these agency actions. 5 U.S.C. § 702. We anticipate that Defendants will argue that Plaintiffs' claims sound in contract and that jurisdiction over contract claims is vested instead in the CFC under the Tucker Act, 28 U.S.C. § 1491(a)(1). This is wrong for three reasons.

First, even if the grant instruments at issue here would qualify as contracts under the Tucker Act, Plaintiffs are not parties to these instruments. Second, the grant instruments are cooperative agreements and not in fact contracts that could give rise to a damages claim in the CFC, even for

those who (unlike Plaintiffs) are parties to those agreements. And third, Plaintiffs' claims for declaratory and injunctive relief are founded on sources of law other than the grant agreements themselves, including the Constitution's guarantee of the equal protection of the laws, the First Amendment, and the APA's prohibition against arbitrary and capricious agency action. Plaintiffs seek classic APA remedies instead of money damages: a declaration that Defendants' actions are unlawful and an injunction prohibiting Defendants from taking any other action against the four states "pursuant to the Targeting Directive," or a similar policy "under a different name." Pls.' Compl., at 42–43, Dkt. 1.

i. Plaintiffs Lack Privity with Defendants and Cannot Enforce any "Agreement" Covered by the Tucker Act.

Plaintiffs are not party to a contract with the United States and therefore cannot seek relief in the CFC. Because the Tucker Act divests district courts of jurisdiction only when the alternative forum of the CFC is available, this Court must exercise jurisdiction over Plaintiffs' claims.

Plaintiffs do not receive grants from Defendants. Plaintiffs instead are the labor organizations that represent employees whose work is funded by federal grant money distributed directly to their employers. As the Defendants have argued in the *Illinois* litigation, Tucker Act jurisdiction over contract claims requires a contract "between the plaintiff and the government." *Cienega Gardens v. United States*, 194 F.3d 1231, 1239 (Fed. Cir. 1998); *see also* Defs.' Opp'n to Mot. for Prelim. Inj., at 17, *Illinois*, Dkt. 58. "In other words, there must be privity of contract between the plaintiff and the United States." *Cienega Gardens*, 194 F.3d at 1239. That does not exist here.

The limited exceptions to the privity requirement do not apply here. Under one such exception, a plaintiff may sue if it meets the "stringent" requirements for "third-party beneficiary status" by showing not merely that the "contract would benefit" it, but that the contract "was

intended for [its] direct benefit." *Pac. Gas & Elec. Co. v. United States*, 838 F.3d 1341, 1361 (Fed. Cir. 2016). Parties like Plaintiffs and their members "are generally assumed to be merely incidental [not intended] beneficiaries, and may not enforce the contract absent clear intent to the contrary." *Sealift Bulkers, Inc. v. Rep. of Armenia*, No. 95-1293 (PLF), 1996 WL 901091, at *4 (D.D.C. Nov. 22, 1996) (quotation omitted and alteration in original). So Plaintiffs, who are neither in privity with the government nor intended beneficiaries, cannot bring a claim in the CFC.

That uncontroversial proposition establishes that this Court has jurisdiction over Plaintiffs' claims. That is because the Tucker Act displaces district court jurisdiction only when the alternative forum of the CFC is available. Courts "categorically reject the suggestion that a federal district court can be deprived of jurisdiction by the Tucker Act when no jurisdiction lies in the Court of Federal Claims." *Tootle v. Sec'y of Navy*, 446 F.3d 167, 176 (D.C. Cir. 2006). Recently, the Ninth Circuit and the District Court for the Southern District of New York each recognized that the Tucker Act therefore cannot displace jurisdiction over claims brought by incidental third-party beneficiaries. *See Cmty. Legal Servs. in E. Palo Alto v. HHS*, 137 F.4th 932, 938–39 (9th Cir. 2025) (rejecting the argument that district courts can be deprived of jurisdiction under the APA where plaintiffs cannot bring claims in CFC); *New Jersey v. DOT*, No. 26-CV-00939 (JAV), 2026 WL 323341, at *4 (S.D.N.Y. Feb. 6, 2026) (same), *stay pending appeal denied by* No. 26-282, 2026 WL 696286, at *1 (2d Cir. Mar. 11, 2026); *cf. City of Chicago v. DHS*, No. 25 C 5463, 2026 WL 353581, at *5 (N.D. Ill. Feb. 9, 2026) (where parties seek "equitable relief that the CFC lacks the authority to grant … the Tucker Act does not displace this Court's jurisdiction to grant such relief"). Plaintiffs cannot invoke CFC jurisdiction, and so the Tucker Act cannot displace this Court's jurisdiction. *See W. Sec. Co. v. Derwinski*, 937 F.2d 1276, 1281 (7th Cir. 1991).

Thus, because Plaintiffs have "no other adequate remedy in a court," they are entitled to

judicial review under the APA. *See* 5 U.S.C. § 704; *see also Bowen v. Massachusetts*, 487 U.S. 879, 901–08 (1988) (the Tucker Act did not divest the district court of jurisdiction over claims that likely could not be resolved by the CFC). Plaintiffs' claims fall comfortably within the APA's waiver of sovereign immunity, which authorizes claims "seeking relief other than money damages." 5 U.S.C. § 702. Plaintiffs do not seek money damages but rather seek vacatur of the OMB Targeting Directive and the CDC Grant Termination Decision. And because Plaintiffs are not the recipients of the grants at issue, this relief will not result in *any* payments of *any* kind from Defendants to the Plaintiffs. Accordingly, Defendants are wrong to argue elsewhere that Plaintiffs "seek[] to obtain the financial benefit of a prior contract-based obligation" or that "a money judgment will give . . . plaintiff[s] essentially the remedy they seek." Defs.' Mem. ISO Mot. to Transfer, at 10–11, Dkt. 16-1. That vacatur of the Targeting Directive may result in Defendants seeing their financial obligations to non-Plaintiff funding recipients through is immaterial to § 702. As the Supreme Court has made clear, money damages are distinct from relief under the APA that "may require one party to pay money to another," particularly when the relief is geared toward clarifying the prospective terms of an ongoing relationship between the federal government and a recipient of federal money. *Bowen*, 487 U.S. at 893, 905; *see also id.* at 898 (noting that Congress intended § 702 to waive sovereign immunity for challenges to "authorize judicial review of the administration of Federal grant-in-aid programs.") (quotation marks omitted).

Defendants will likely argue that the Tucker Act impliedly precludes district court jurisdiction over any claim that implicates a contract with the United States, regardless of whether the Plaintiff is a party to that contract and can enforce it in the CFC. That argument would be contrary to the weight of case law discussed above. *See supra* 15–16. And accepting that argument would leave Plaintiffs with no forum for relief from Defendants' unlawful actions—a result that

would be "contrary to common sense" and in "conflict[] with the 'strong presumption favoring judicial review of administration action' that is embodied in the APA." *Cmty. Legal Servs.*, 137 F.4th at 939 (quoting *Mach Mining, LLC v. EEOC*, 575 U.S. 480, 486 (2015)). As the Supreme Court has said, "[i]n the conflict between two statutes, established principles of statutory construction mandate a broad construction of the APA and a narrow interpretation of the Tucker Act." *Bowen*, 487 U.S. at 908; *see also Maryland Dep't of Hum. Res. v. HHS*, 763 F.2d 1441, 1449 (D.C. Cir. 1985) (in absence of substantive claim over which Tucker Act jurisdiction lies, "there is no possibility that the preclusive effects of the Tucker Act, whatever their scope, can come into play"). This Court accordingly has jurisdiction over Plaintiffs' claims.

ii. The Grant Agreements are Not Contracts that Could Give rise to a Damages Action in the Court of Federal Claims.

The CFC has jurisdiction to hear claims for damages brought against the United States, including claims founded upon "an express or implied contract with the United States." 28 U.S.C. § 1491(a)(1). But not every agreement between the United States and a counter-party qualifies as a "contract" for purposes of Tucker Act jurisdiction. A contract requires, among other things, an exchange of consideration. "In the context of government contracts ... consideration must render a benefit to the government, and not merely a detriment to the contractor." *St. Bernard Par. Gov't v. United States*, 134 Fed. Cl. 730, 735 (2017), *aff'd*, 916 F.3d 987 (Fed. Cir. 2019). Further, the benefit must be "tangible" and "direct," *id.* at 736, and such an agreement must "provide a substantive right to recover money-damages" to establish jurisdiction in the CFC. *Rick's Mushroom Serv., Inc. v. United States*, 521 F.3d 1338, 1343–44 (Fed. Cir. 2008).[2] But the federal

[2] *Columbus Reg'l Hosp. v. United States*, which Defendants cite in their Mot. to Transfer, at 8–9, Dkt. 16-1, is not to the contrary. There, the Federal Circuit explicitly found that "the conditions imposed on" the grant recipient conferred an economic "benefit on the government," including the promise to "reimburse[] funds procured by fraud." 990 F.3d 1330, 1340 (Fed. Cir. 2021).

government does not receive a direct benefit when it confers funds on another party to perform a public mission. *See id*. Rather, the "entire purpose of a cooperative agreement is to transfer a thing of value *to* the local government *from* the executive agency." *St. Bernard Par. Gov't,* 134 Fed. Cl. At 736 (emphasis in original). So "[c]ooperative agreements are not money-mandating contracts" in the traditional sense. *Hous. Auth. of City of New Haven v. United States*, 140 Fed. Cl. 773, 786 (2018). Suits seeking to maintain such an agreement could seek only equitable relief, rather than damages, and the CFC lacks jurisdiction to hear them. *See Hous. Auth. of New Haven*, 140 Fed. Cl. at 786; *Lummi Tribe of the Lummi Reservation v. United States*, 870 F.3d 1313, 1319 (Fed. Cir. 2017); *Pacito v. Trump*, No. 25-1313, 2026 WL 620449, at *18 (9th Cir. Mar. 5, 2026).

Each of the grants at issue in this case are cooperative agreements, not contracts that could give rise to a cause of action for damages in the CFC. Each of the grant instruments promises to confer funds on states and other entities to perform their public health missions. But none of the grant instruments confers a right to recover money damages, and none of the grant recipients conferred any direct benefit on the CDC, apart from their commitment to use funds for the public good. *See, e.g*., Thoele Decl. Ex. A., *Illinois*, Dkt. 57-5. To be sure, the CDC may have received an indirect benefit insofar as it desired (at least at the time the grant was awarded) that grant funds would be used to advance public health. But the mere fact that "an agreement 'indirectly benefit[s]' an agency by 'advanc[ing] the agency's overall mission' is insufficient to establish consideration." *Am. Ctr. for Int'l Lab. Solidarity v. Chavez-DeRemer*, 789 F. Supp. 3d 66, 90 (D.D.C. 2025) (quoting *Hymas v. United States*, 810 F.3d 1312, 1328 (Fed. Cir. 2016)). "[H]olding otherwise would risk turning all cooperative agreements into contracts, since 'nearly all cooperative agreements' advance some government agency's 'overall mission,'—that is, after all, why the government enters into such agreements in the first place." *Am. Ctr. for Int'l Lab. Solidarity*, 789

F. Supp. 3d at 90 (quoting *Hymas*, 810 F.3d at 1328). And without any such "direct benefit to the Government," the grant agreements are "not [] enforceable contract[s] within the jurisdiction of the [CFC]." *Pacito*, 2026 WL 620449, at *19.

iii. Plaintiffs' Claims do not Sound in Contract.

The Tucker Act is not implicated merely because a dispute arises against the backdrop of a contractual relationship. Even when a contractual relationship is involved in a claim, the Tucker Act does not apply if the plaintiff asserts rights and seeks remedies external to a contract. *See, e.g.*, *Chicago Women in Trades*, 778 F. Supp. 3d at 980; *City of Chicago v. DOJ*, No. 25 C 13863, 2026 WL 114294, at *4 (N.D. Ill. Jan. 15, 2026).

To decide whether a claim is impliedly precluded by the Tucker Act, courts in the Seventh Circuit rely on the two-part test articulated in *Megapulse*, 672 F.2d at 968. *See, e.g.*, *Chicago Women in Trades*, 778 F. Supp. 3d at 980–81; *see also Evers v. Astrue*, 536 F.3d 651, 657–58 (7th Cir. 2008) (collecting cases using this framework to determine whether an action "relates to a contract"). Under *Megapulse*, whether an action is "at its essence a contract action" that belongs in the CFC "depends both on the source of the rights upon which the plaintiff bases its claims" and the type of relief it seeks. 672 F.2d 959, 968 (D.C. Cir. 1982) (cleaned up). Here, Plaintiffs' claims are not, at their "essence," contract claims. *Id*.

Each of Plaintiffs' APA theories asserts rights that are founded in statutes, regulations or the U.S. Constitution, not the grant documents. As an initial matter and as established above, the grants at issue are not contractual. But even if they were, Plaintiffs' challenge is not based on any rights conferred by any particular grant instrument; instead, Plaintiffs challenge two agency-wide policies targeting four states for retribution because those states' political leadership advance immigration policies that this administration disfavors. *See* Order, at 5, *Illinois*, Dkt. 63 (finding that a challenge to the same policy at issue here—"[OMB's] directive to HHS to target plaintiffs

for cuts"—"is likely a final agency action that does not fall within the exclusive jurisdiction of the [CFC]."). In enjoining one of the policies Plaintiffs challenge here (the Targeting Directive), Judge Shah noted that even after *Nat'l Insts. of Health v. Am. Pub. Health Ass'n*, 145 S. Ct. 2658 (2025), there still "remains a distinction" between a "challenge[] to the withholding of contractually awarded funds that result from those policies, which belong in the [CFC]," and "challenges to agency-wide policies, which belong in district court." Order, at 5, *Illinois*, Dkt. 63.

Moreover, the Tucker Act does not apply here because Plaintiffs' claims "are not challenges to the terms and conditions of an executed agreement[.]" *Illinois v. Noem*, No. 25-CV-495, 2025 WL 3707011, at *7 (D.R.I. Dec. 22, 2025). Plaintiffs challenge agency-wide policies on grounds that do not depend in any way on the content of the grant instruments. They contend that the OMB Targeting Directive and the CDC Grant Termination Decision violate their Constitutional rights and that these governmental actions were arbitrary and capricious agency actions under the APA, 5 U.S.C. §§ 706(2)(B) and (C), because none of the statutes authorizing the CDC's grant programs permits the agency to condition or terminate grant programs on the President's political whims or federal immigration policies. "[P]laintiffs seek to enforce compliance with statutes and regulations, not any government contract." *Cmty. Legal Servs. in E. Palo Alto v. HHS*, 137 F.4th 932, 938 (9th Cir. 2025); *see also* Prelim. Inj. Order, *Illinois*, Dkt. 64 at 5. The CFC does not have jurisdiction to even address Plaintiffs' constitutional claims. *See LeBlanc v. United States*, 50 F.3d 1025, 1028 (Fed. Cir. 1995). And resolving these claims does not involve an inquiry into the intent of the grantor and grantees when the agreements were made nor an inquiry into the terms of those grant agreements. And Plaintiffs further contend that the decisions contravene their right under the APA to be free from arbitrary and capricious exercises of agency power, 5 U.S.C. § 706(2)(A).

Turning to the second element in the *Megapulse* test, Plaintiffs do not seek to reinstate any contractual grants, nor do they request money damages. Instead, Plaintiffs seek to vacate the underlying agency policy that harms their members' interests as employees of public health entities. This is the exact type of remedy that is at the heart of the APA's judicial review scheme. *See Illinois*, Dkt. 63 at 5 ("When the relief sought is to vacate internal guidance … that is a standard APA challenge that district courts have original jurisdiction over.") (citing *Nat'l Insts. of Health v. Am. Pub. Health Ass'n*, 145 S. Ct. at 2661 (Barrett, J., concurring)); *see also Megapulse*, 672 F.2d at 968; *N.J. Conservation Found. v. FERC*, 111 F.4th 42, 63 (D.C. Cir. 2024) ("Vacatur is the normal remedy when we are faced with unsustainable agency action." (internal quotation marks omitted)). While the government portrays the suit as seeking only "a money judgment," *see* Defs.' Mem. in Supp. of Transfer Mot. at 10, Dkt. 16-1, none of the requests in the complaint's Prayer for Relief arguably fit that characterization; Plaintiffs are not parties to the grant agreement, and they do not ask that they be awarded any money at all. Compl. ¶¶ 42-43. Plaintiffs only ask that the OMB Targeting Directive and the CDC Grant Termination Decision be set aside, which is classically equitable relief rather than a claim for contractual damages. *Supra* 16.

Even in cases (unlike this one) where the plaintiff's "success on the merits may obligate the [government] to pay the complainant," this possibility does not make a claim for "money damages" within the exclusive jurisdiction of the Court of Federal Claims. *See Kidwell v. Dep't of Army, Bd. for Corr. of Mil. Recs.,* 56 F.3d 279, 284 (D.C. Cir. 1995); *see also Columbus Reg'l Hosp. v. FEMA*, 708 F.3d 893, 896 (7th Cir. 2013). "[T]he mere fact that an injunction would require the same governmental restraint that specific (non)performance might require in a contract setting is an insufficient basis to deny a district court jurisdiction otherwise available." *Megapulse*, 672 F.2d at 971. A claim is not for money damages merely because a downstream effect of the

plaintiff's success would be releasing payments that had been unlawfully withheld. "[T]o the extent that the findings on those issues implicate the legality of past grant termination decisions, that is 'merely a by product of this court's primary function of reviewing the government interpretation of federal law.'" *City of Chicago v. DHS*, No. 25 C 5463, 2025 WL 3043528, at *11 (N.D. Ill. Oct. 31, 2025). This follows from the Supreme Court's recognition that when "orders are for specific relief ... rather than for money damages ... they are within the District Court's jurisdiction under § 702's waiver of sovereign immunity." *Bowen*, 487 U.S. 879 at 910.[3]

B. The Targeting Directive and CDC Grant Termination Decision were Arbitrary and Capricious.

Under the APA, reviewing courts "shall hold unlawful and set aside agency action ... found to be arbitrary [or] capricious." 5 U.S.C. § 706(2)(A). "An agency action qualifies as 'arbitrary' or 'capricious' if it is not reasonable *and* reasonably explained." *Ohio v. EPA*, 603 U.S. 279, 292 (2024) (emphasis added) (quotation omitted). An agency violates this standard when its decision was driven by "bias or partisanship," *Level the Playing Field v. FEC*, 961 F.3d 462, 464 (D.C. Cir. 2020) (quotation omitted); it failed to "articulate" … "a rational connection between the facts found and the choice made," *Motor Vehicle Mfrs. Ass'n of U.S. v. State Farm Mut. Auto. Ins. Co.*, 463 U.S. 29, 43 (1983) (quotation omitted); it relied on pretextual or "contrived" rationales, *Dep't of Com. v. New York*, 588 U.S. 752, 784 (2019); or when it changed course without considering reliance interests. *DHS v. Regents of the Univ. of Cal.*, 591 U.S. 1, 30 (2020).

[3] In *Bowen*, 487 U.S. at 909, the Supreme Court rejected the notion that a state's challenge to the disallowance of certain claims for reimbursement under the Medicaid program would need to be brought in the CFC, where reversal of the disallowance was not itself an "order that the [contested] amount be paid." This was true even though a "judgment tell[ing] the United States that it may not disallow the reimbursement on the grounds given" would make "it is likely that the Government will abide by this declaration and reimburse Massachusetts the requested sum." *Id.* at 910.

As a threshold matter, both the OMB Targeting Directive and the CDC Grant Termination Decision are reviewable final agency actions that "mark the consummation of the agency's decisionmaking process" and from which "legal consequences will flow." *Bennett v. Spear*, 520 U.S. 154, 177-78 (1997) (internal quotations omitted). The CDC Grant Termination Decision constitutes a "final step that marks the consummation of the agency's decisionmaking process." Defs' Mem. in Supp. of Mot. to Transfer, *Illinois*, Dkt. 43-1 at 23. So too with the Targeting Directive: OMB gave a final, explicit order to HHS to terminate a specific list of grants that was not contingent on any other step. So the OMB Targeting Directive was "the consummation of [OMB's] decisionmaking" because it "directed immediate action on the list of grants." *Illinois,* Dkt. 63 at 5; *see also, e.g.*, *Biden v. Texas*, 597 U.S. 785, 793, 808–09 (2022) (a memo directing agency to "take all appropriate actions" to terminate program constitutes final agency action).[4]

Further, both actions, if implemented, will have legal consequences because they will deprive grantees of the legal right to access funds, interrupt crucial public health services, and require grantees to implement layoffs, including Plaintiffs' members. *Infra* 33-38; *Illinois,* Dkt. 63 at 5 (Targeting Directive has legal consequences because it puts grantees "at substantial risk of altering their legal relationships with employees"). *Cf. NCN v. OMB*, 763 F. Supp. 3d 36, 50, 53-54 (D.D.C. 2025) (OMB directive ordering agencies to freeze funds was final agency action that "produced legal consequences" where grantees were "deprived of critical ... grants").

[4] That the Targeting Directive has not been committed to writing is of no consequence. "Agency action generally need not be committed to writing to be final and judicially reviewable," *Brotherhood of Locomotive Engineers & Trainmen v. Fed. Railroad Admin.*, 972 F.3d 83, 100 (D.C. Cir. 2020), and "courts may "infer[] from a course of agency conduct that the agency has adopted a general policy, even in the face of agency denials of such policies existing." *Velesaca v. Decker*, 458 F. Supp. 3d 224, 237 n.7 (S.D.N.Y. 2020).

Both actions are thus reviewable under the APA and must be set aside as arbitrary because they were motivated by Defendants' "bias" and "partisanship." *Level the Playing Field*, 961 F.3d at 464. President Trump has repeatedly stated that he "put out an order" to his administration to stop making payments to sanctuary jurisdictions on February 1. *Supra* 4-5. These statements make clear that Defendants' actions were motivated by "hostility to the [Targeted] states" and their "immigration-related policies." *Illinois*, Dkt. 63 at 6. These decisions—which "featur[e] unjustifiable bias" against Democratic-led States and their residents—"are precisely the types of agency actions that would work a violation of the arbitrary-and-capricious standard." *Level the Playing Field*, 961 F.3d at 464.

Moreover, neither action was reasonably explained. Indeed, the unannounced Targeting Directive provided no explanation whatsoever, much less one that articulated a "rational connection between the facts found and the choice made." *State Farm*, 463 U.S. at 43 (quotation omitted). The "absence of explanation" alone renders the Targeting Directive "arbitrary and capricious." *Amerijet Int'l, Inc. v. Pistole*, 753 F.3d 1343, 1350 (D.C. Cir. 2014).

The CDC Grant Termination Decision fares no better. Although CDC stated in letters to the grantees that the grants "no longer effectuate[] the program goals or agency priorities," AR at CDC_986, that rationale was pretextual. Defendants had already decided to terminate the grants based on their hostility to the Targeted States *before* they constructed this *post hoc* rationale. OMB had already directed HHS to terminate the grants by February 4,[5] *before* HHS instructed an AI tool to "compile the strongest evidence to support termination" of those particular grants based on agency priorities. AR at CDC_147. Because this explanation was "contrived," it "violated the

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[5] Josh Christenson, *White House Instructs DOT, CDC to Cut $1.5B in Grants for Dem States, Citing 'waste and mismanagement*,' N.Y. Post (Feb. 4, 2026), https://perma.cc/4E8R-Z37J.

reasoned explanation requirement." *Illinois*, Dkt. 63 at 6 (citing *Dep't of Commerce*, 588 U.S. at 785).

Even on its own terms, the explanation provided by Defendants is fatally flawed. Both the termination notices and CDC's internal decision memoranda—which purport "to document [the CDC's] decision to terminate" the awards—state merely that the grants "no longer align[ed] with agency priorities" and that "it is not possible to terminate or partially terminate the awards" to "bring them into alignment with agency priorities." *See, e.g.*, AR at CDC 589 (decision memorandum); AR at CDC_986 (termination notice making similar statements). Critically, these documents do *not* explain which agency priorities were no longer effectuated by the awards, how the awards failed to effectuate those priorities, or why corrective action was not possible. *See id.* Such "conclusory statements will not do; an 'agency's statement must be one of reasoning.'" *Amerijet*, 753 F.3d at 1350 (emphasis in original) (quotation omitted). And CDC simply parroted the results that their AI tool gave them. *See, e.g.*, AR at CDC 588–89. By outsourcing the explanation for their decision to a machine, the agency violated the core requirement of reasoned decision-making "that ultimate responsibility for the policy decision remains with the agency rather than the computer." *Sierra Club v. Costle*, 657 F.2d 298, 334 (D.C. Cir. 1981).

Nor did Defendants adequately consider the reliance interests of the grantees and the communities they serve. *See Amerijet*, 753 F.3d at 1350. Because Defendants were "changing course" by terminating already-awarded grants, they were required to "assess whether there were reliance interests, determine whether they were significant, and weigh any such interests against competing policy concerns." *Regents of the Univ. of California*, 591 U.S. at 32-33. But the termination notices themselves made no mention of the reliance interests. *See, e.g.*, CDC_986. And the decision memoranda merely conclude, in summary fashion, that "the reliance interests of

recipients, beneficiaries, and the public" are "outweighed by agency's substantial interests in being able to effectively advance its current priorities." *See, e.g.*, AR at CDC_601. These memoranda do not say what the reliance interests *are,* identify which priorities are at stake, or explain *why* the latter outweigh the former. *See id.* Again, such "conclusory statements" do not satisfy the APA's requirement for "reasoning," *Amerijet*, 753 F.3d at 1350, and thus Defendants' actions are arbitrary.

C. The OMB Targeting Directive and CDC Grant Termination Decision Likely Violated the Fifth Amendment's Equal Protection Clause.

The OMB Targeting Directive and the CDC Grant Termination Decision selectively punish residents in Democratic-led "sanctuary" jurisdictions—including AFSCME's members—by targeting and terminating federal funds for services in those jurisdictions. These actions violate the Fifth Amendment because they were based on irrational and illegitimate animus.

The Due Process Clause of the Fifth Amendment prohibits the federal government from denying equal protection of the laws. *See Bolling v. Sharpe*, 347 U.S. 497, 499–500 (1954). At its core, equal protection guarantees that the government must remain "open on impartial terms to all who seek its assistance." *Romer v. Evans*, 517 U.S. 620, 633 (1996). The government cannot treat similarly situated groups differently without, at a minimum, a rational reason or legitimate governmental interest for the difference in treatment. *See Vill. of Willowbrook v. Olech*, 528 U.S. 562, 564 (2000).

It is irrational—and thus unconstitutional—for the government to treat a group differently based on "animus," *Romer*, 517 U.S. at 632, or a "bare ... desire to harm a politically unpopular group," *U.S. Dep't of Agric. v. Moreno*, 413 U.S. 528, 534 (1973); *see also e.g., United States v. Windsor*, 570 U.S 744, 770, 772, 775 (2013). The government violates the Fifth Amendment when it treats similarly situated groups differently based on an "interest of retaliation" against political adversaries, *Perkins Coie LLP v. DOJ*, 783 F. Supp. 3d 105, 168 (D.D.C. 2025), including when

it terminates grants located in "Blue States" based on animus towards those states. *City of Saint Paul, Minn. v. Wright*, --- F. Supp. 3d ---, No. 25-cv-03899, 2026 WL 88193 *3 (D.D.C. Jan. 12, 2026).

Plaintiffs need not prove that animus was the sole, or even the primary, factor behind the government's disparate treatment; animus need only be "a motivating factor." *Wren v. Jones*, 635 F.2d 1277, 1284 (7th Cir. 1980) (quoting *Vill. of Arlington Heights v. Metro. Hous. Dev. Corp.*, 429 U.S. 252, 265–66 (1977)). Plaintiffs may prove animus based on either direct evidence or circumstantial evidence. When the effect of a law reveals "a clear pattern, unexplainable on grounds other than" protected characteristics, "the evidentiary inquiry is then relatively easy." *Vill. of Arlington Heights*, 429 U.S. at 266. "[A]dministrative history may also be highly relevant, especially where there are contemporary statements by members of the decisionmaking body[.]" *Id*. at 268; *see, e.g.*, *Doe 2 v. Shanahan*, 917 F.3d 694, 699 (D.C. Cir. 2019) ("intemperate contemporaneous statements by policymakers" can show animus); *cf. Illinois v. Trump,* 2025 WL 2886645 at *22 (N.D. Ill. Oct. 10, 2025) ("President Trump's social media posts" that were "close in time to [the] official action" showed unlawful motivation). Other probative evidence includes "the historical background" of the decision, the "events leading up to" the decision, and any "departures from the normal [] process." *United States v. Viveros-Chavez*, 114 F.4th 618, 626 (7th Cir. 2024) (citing *Arlington Heights*, 429 U.S. at 266-68). Once animus is shown as a motive, the government must prove it would have enacted the same policy absent the discriminatory purpose. *Arlington Heights*, 429 U.S. at 270 n.21.

Here, Defendants treated one group—residents of the Targeted States who would benefit from the grants—differently from similarly situated residents in other states whose grants were *not* targeted for termination. *Supra* 2-3. There is direct evidence that this differential treatment was

not driven by any legitimate reason related to the public health programs at issue. Rather, the OMB Targeting Directive and CDC Termination Decision were based on political animus. Indeed, "there is no need" for the Court "to 'infer animus' in this case." *Perkins Coie*, 783 F. Supp. 3d at 167. Defendants openly decided to terminate grants wholly unrelated to immigration based on a "bare ... desire to harm a politically unpopular group"—namely the residents of Democratic-led sanctuary jurisdictions whose perceived views the President dislikes. *Moreno*, 413 U.S. at 534.

In the month leading up to the OMB Targeting Directive and CDC Grant Termination Decision, President Trump publicly stated several times that his administration would cut payments to sanctuary cities or states starting February 1. *Supra* 4-5. On February 2, the President confirmed that he "put out an order, anybody that does a sanctuary city is not getting any money." *Supra* 5. Defendants implemented his threat by deciding to terminate public health grants in the Targeted States, which are wholly unrelated to immigration. The record here is thus full of "smoking gun admission[s] from [federal] officials" that they acted "out of discriminatory animus." *Jones ex rel. A.H. v. District of Columbia*, 805 F. Supp. 3d 218, 247 (D.D.C. 2025). So the Court need not look further than the President's own statements.

But even the circumstantial evidence here—namely, Defendants' extraordinary "departures from the normal [] process" and the resulting impact on Blue States—amply demonstrate Defendants' animus. *Viveros-Chavez*, 114 F.4th at 626. Indeed, the entire process of identifying grants for termination was narrowly focused on the President's perceived political adversaries. At the outset, OMB asked for reports on federal funding *only* in Democratic-led States with sanctuary jurisdictions. *Supra* 4. Likewise, HHS's recommendations for terminating grants were limited to those awarded in the Targeted States. Further, Defendants used an AI tool to generate post-hoc rationales for this decision, prompting the AI to review only the grants in the

four Targeted States that had already been selected for termination and "to compile the strongest evidence to support termination." *Supra* 7. In other words, this was not a process under which Defendants reviewed all grants in a federal program across the country under neutral criteria for termination. Rather, every step of the process showed their intent to discriminate against the residents in the Targeted States. This corrupted process inevitably resulted in grant terminations that "bear more heavily on one [group] than another." *Viveros-Chavez*, 114 F.4th at 626.

D. The OMB Targeting Directive and CDC Grant Termination Decision Likely Violated the First Amendment.

i. Defendants Weaponized Funding Discretion to Discriminate Based on Plaintiffs' Perceived Political Viewpoints

"[P]olitical belief and association constitute the core of those activities protected by the First Amendment." *Elrod v. Burns*, 427 U.S. 347, 356 (1976) ; *see also W. Va. State Bd. of Educ. v. Barnette*, 319 U.S. 624, 642 (1943) ("If there is any fixed star in our constitutional constellation, it is that no official, high or petty, can prescribe what shall be orthodox in politics."). The First Amendment prohibits the government from acting based on a person's actual or assumed political viewpoint. *See Heffernan v. City of Paterson, N.J.*, 578 U.S. 266, 273–74 (2016).

In issuing the OMB Targeting Directive and CDC Grant Termination Decision, Defendants targeted public health funding in Illinois, California, Minnesota, and Colorado based the presumed political affiliation of Targeted States' residents, who include Plaintiffs' members, and the States' "sanctuary city" immigration policies. But the government cannot lawfully "leverage its power to award subsidies on the basis of subjective criteria into a penalty on disfavored viewpoints." *Thakur v. Trump*, 800 F. Supp. 3d 1044, 1068 (N.D. Cal. Sept. 22, 2025) (citation omitted); target for termination a "whole class of [grant] projects" based on perceived "viewpoint alone," *R. I. Latino Arts v. Nat'l Endowment for the Arts,* 777 F. Supp. 3d 87, 105 (D.R.I. 2025); use federal funding to "aim at the suppression of dangerous ideas" to "drive certain ideas or viewpoints from the

marketplace," *Nat'l Endowment for the Arts v. Finley*, 524 U.S. 569, 587 (1998); or "burden the speech of others in order to tilt public debate in a preferred direction," *Sorrell v. IMS Health, Inc.*, 564 U.S. 552, 578-79 (2011). In short, "the government may not withhold benefits for a censorious purpose." *Koala v. Khosla*, 931 F.3d, 887, 898 (9th Cir. 2019); *see also Chicago Women in Trades v. Trump*, 773 F. Supp. 3d 592, 604 (N.D. Ill. 2025) ("[T]he First Amendment prohibits government officials from relying on the 'threat of invoking legal sanctions and other means of coercion ... to achieve the suppression' of disfavored speech.") (quoting *Nat'l Rifle Ass'n of Am. v. Vullo*, 602 U.S. 175, 198 (2024)).

Defendants' discrimination against Plaintiffs' and their members' perceived political viewpoints is unlawful whether or not they in fact hold the political views the government believes they do as residents of the Targeted States.[6] Perceived political viewpoint discrimination still constitutes a First Amendment violation. *See Heffernan*, 578 U.S. 266 (2016) (government's partisan reason for firing an employee, even though mistaken, is grounds for a First Amendment claim); *Wilmer Cutler Pickering Hale & Dorr LLP v. Exec. Off. of the President*, 774 F. Supp. 3d 86, 88 (D.D.C. 2025); *Am. Council of Learned Soc'ys v. McDonald*, 792 F. Supp. 3d. 448, 485-493 (2025); *President & Fellows of Harvard Coll. v. DHS*, 788 F. Supp. 3d 182, 207 (D. Mass. 2025).

"Viewpoint discrimination, where the government 'targets not subject matter, but particular views taken by speakers on a subject,' is 'an egregious form of content discrimination,'" *Brown v. Kemp*, 86 F.4th 745, 778 (7th Cir. 2023) (quoting *Rosenberger v. Rector & Visitors of Univ. of Virginia*, 515 U.S. 819, 829 (1995)), that is presumptively unconstitutional. *Reed*, 576

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[6] At least one of Plaintiffs' members has "openly supported the sanctuary city policy" and has "spoken out publicly and in the press in support of the idea that it is important to help more members of our community feel seen and represented." Plaza Decl. at ¶ 10.

U.S. at 163. To defeat that presumption, the government must prove that its restriction "furthers a compelling interest and is narrowly tailored to achieve that interest." *Id.* This is a "demanding standard," *Brown v. Ent. Merchs. Ass'n*, 564 U.S. 786, 799 (2011).

No compelling government interest justifies OMB's Targeting Directive or the CDC's decision to terminate the Targeted States' grants. The President's animus against "blue" states is a personal vendetta, not a government interest. And the administration's concerns about the Targeted States' immigration policies are *outside* the scope of the Targeted States' CDC grant programs and have nothing to do with any interest in ensuring that the funds are spent well *within* the scope of those programs. Defendants' actions were also not narrowly tailored, as "a less restrictive alternative would serve the Government's purpose" even if that purpose were legitimate. *United States v. Playboy Ent. Grp.*, 529 U.S. 803, 813 (2000). It is undeniable that there are less restrictive alternatives to shape immigration policy than to stop "making any payment to anybody that supports sanctuary cities." *Supra* 4.

ii. Defendants' Actions Impose Unconstitutional Conditions on Funding

Defendants' discrimination against the Targeted States based on the perceived political views of citizens within those states imposed an unconstitutional condition on those States' federal funding. The "unconstitutional conditions" doctrine prohibits the government from "requir[ing] a person to give up a constitutional right," like Plaintiffs' perceived political viewpoints, "in exchange for a discretionary benefit," *Dolan v. City of Tigard*, 512 U.S. 374, 385 (1994), or denying "a benefit to a person on a basis that infringes [their] constitutionally protected interests—especially, [their] interest in freedom of speech." *Perry v. Sindermann*, 408 U.S. 593, 597 (1972). A funding condition is impermissible if it "unconstitutional[ly] burden[s] … First Amendment rights." *Agency for Int'l Dev. v. All. for Open Soc'y Int'l, Inc. ("AID")*, 570 U.S. 205, 214 (2013)).

While the government may attach conditions to funding that "define the limits of the government spending program," it may not impose conditions that restrict speech in ways that are "not relevant to the objectives of the program" or that otherwise "seek to regulate speech outside the contours of the program itself." *Id.* at 214–15; *see also Rust v. Sullivan*, 500 U.S. 173, 197 (1991).

Defendants' actions effectively condition federal funding on the perceived political views of the residents in each State. But these perceived viewpoints are "not relevant to the objectives of the program," and Defendants seek to regulate protected activity "outside the contours of the program itself." *AID*, 570 U.S. at 214–15. The government violates the First Amendment when it flexes its power of the purse to discourage expression of disfavored views. *AID*, 570 U.S. at 206 (citing *Rust*, 500 U.S. at 197); *see, e.g.*, *Legal Servs. Corp v. Velazquez*, 531 U.S. 533, 547-49 (2001). This is especially true when, like here, there is "little connection" between the Plaintiffs' perceived viewpoints and the CDC grants themselves. *President & Fellows of Harvard Coll. v. HHS*, 798 F. Supp. 3d 77, 136 (D. Mass. 2025); *see also NCN v. OMB*, 775 F. Supp. 3d 100, 128 (D.D.C. 2025) (citing *AID*, 570 U.S. at 215) (finding likelihood of success on First Amendment claim because, inter alia, "[b]y appearing to target specific recipients because they associate with certain ideas, [the federal government] may be crossing a constitutional line").

iii. Defendants Retaliated Against Plaintiffs for their Perceived Protected Viewpoints

Finally, Defendants' actions to terminate the Targeted States' grants were unlawful acts of retaliation against those states' residents, including Plaintiffs' members. "To prevail on a First Amendment retaliation claim, a plaintiff must show that (1) he engaged in constitutionally protected speech; (2) he suffered a deprivation likely to deter his free speech; and (3) his protected speech was at least a motivating factor for the deprivation." *Lavite v. Dunstan*, 932 F.3d 1020, 1031 (7th Cir. 2019). "'[T]he improper motive must be a but-for cause of the government action,

meaning that the adverse action ... would not have been taken absent the retaliatory motive.'" *Jenner & Block LLP v. DOJ*, 784 F. Supp. 3d 76, 94 (D.D.C. 2025) (internal quotation omitted). "Courts may consider a defendant's contemporaneous statements when assessing retaliatory motive." *ABA v. DOJ*, 783 F. Supp. 3d 236, 245 (D.D.C. 2025) (quotation marks omitted).

Defendants engaged in unlawful retaliation here. Plaintiffs have, as residents of the Targeted States, associated with voters and elected representatives with perceived political views that this administration disfavors. Defendants specifically retaliated against Plaintiffs for their residence in the Targeted States, and their perceived support of those "blue" States' policies. *Supra* 30 n.6. Defendants' attacks on funding are "designed to deter"—and are likely to deter—the exercise of First Amendment rights by "a person of ordinary firmness." *Massey v. Johnson*, 457 F.3d 711, 720-21 (7th Cir 2006). And Defendants all but admitted the retaliatory motivation underlying Defendants' proposed funding cuts. *Supra* 2-4.

II. Plaintiffs Will Suffer Irreparable Harm Absent Preliminary Relief.

Plaintiffs' members will be irreparably harmed by the OMB Targeting Directive and the CDC Grant Termination Decision. To start, Defendants' conduct has likely violated Plaintiffs' First Amendment rights, which in itself establishes irreparable harm. *See Elrod v. Burns*, 427 U.S. 347, 373 (1976) (irreparable harm where movant's "First Amendment interests were either threatened or in fact being impaired"); *see also* Plaza Decl. ¶ 10.

Moreover, in *Illinois*, the States have attested that the Targeting Directive will require state and local public health agencies to terminate significant numbers from their workforces. *See supra* 9-10. The resulting layoffs will include members of both Plaintiffs. *See generally* Sforza Decl.; Plaza Decl. ¶ 7.

The loss of public health jobs for Plaintiffs' members gives rise to multiple types of irreparable harm. The loss of a job for these members means, of course, the loss of a salary, which

in turn means the loss of the ability to "pay for the necessities of life," the immediate effects of which are urgent and irreparable. *See Boles v. Earl*, 601 F. Supp. 737, 746 (W.D. Wis. 1985) (noting even temporary loss of federal subsidy to offset the cost of heating the plaintiff's home was irreparable). It also means the loss of employer-provided health insurance, which could mean imminent financial ruin. *Cf. Golden Gate Rest. Ass'n v. City & Cnty. of San Francisco*, 512 F.3d 1112, 1125 (9th Cir. 2008) (loss of health insurance is an irreparable harm to those with acute health issues); *Risteen v. Youth For Understanding, Inc.*, 245 F. Supp. 2d 1, 16 (D.D.C. 2002) (same). And there is a significant risk that members who have dedicated their careers to advancing public health will be unable to secure comparable employment in their field of work. Such a loss of opportunity to pursue one's chosen profession or to find comparable employment can constitute irreparable harm. *See Burgess v. FDIC*, 871 F.3d 297, 304 (5th Cir. 2017); *Bonds v. Heyman*, 950 F. Supp. 1202, 1215 (D.D.C. 1997).

The declaration of AFSCME and AFSCME Council 31 member Darletta Smith illustrates the extent of these irreparable harms in real life terms. *See* Smith Decl. Smith is a Communicable Disease Control Investigator for Cook County Department of Public Health ("CCDPH"). Her position is directly funded by the STD Prevention Grant and whose Sexually Transmitted Infections (STI) Surveillance Team, which already experienced layoffs in January 2026 due to the loss of other grant funding. Smith "simply cannot live without [her] job at CCDPH." Smith Decl. ¶ 8. Smith has multiple underlying medical conditions and could not afford to pay both private health insurance and rent if she lost her job, and thus her need for acute healthcare would cause her to become homeless. *Id*. And she would not be able to find comparable employment in the public health field to which she has dedicated her life.

The usual remedies for job loss—reinstatement and backpay—are not available here,

where Defendants are not a party to the employment relationship and where Defendants' unlawful actions have victimized both the employer and the employee. This litigation, which presents APA and constitutional claims against the federal government, and not Plaintiffs' members' employers, will never result in a judgment that Plaintiffs' members must be reinstated to their jobs or receive any back pay.

Nor will *any* form of damages be available to Plaintiffs' members at the end of this case, so the economic harm that arises from job loss is irreparable. Monetary harm is irreparable where, like here, sovereign immunity bars recovery. *Odebrecht Const., Inc. v. Sec'y, Fla. Dep't of Transp.*, 715 F.3d 1268, 1289 (11th Cir. 2013). Thus, in an APA action, where sovereign immunity is not waived for damages, economic injury is irreparable. *See Cook Cnty. v. McAleenan*, 417 F. Supp. 3d 1008, 1029 (N.D. Ill. 2019), *aff'd sub nom. Cook Cnty. v. Wolf*, 962 F.3d 208 (7th Cir. 2020); *see also In re NTE Conn., LLC*, 26 F.4th 980, 990–91 (D.C. Cir. 2022); *California v. Azar*, 911 F.3d 558, 581 (9th Cir. 2018); *Chamber of Com. of U.S. v. Edmondson*, 594 F.3d 742, 770–71 (10th Cir. 2010).

The financial uncertainty that the OMB Targeting Directive and CDC Grant Termination Decision creates will also irreparably harm Plaintiffs in their capacities as exclusive bargaining representatives of the units of public health employees affected by these actions. When public employers face budgetary uncertainty of the magnitude that Defendants have created, Plaintiffs are put at a disadvantage in bargaining for optimal terms and conditions of employment. Sforza Decl. ¶¶ 20–21. Any concession that Plaintiffs are forced to make in bargaining to accommodate the employers' budgetary uncertainty will be codified into an agreement that will span years and cannot be undone at the end of this litigation. That is irreparable harm. As the Seventh Circuit has recognized in the related context of preliminary injunctions under section 10(j) of the National

Labor Relations Act, "a forward-looking order" at the end of NLRB proceedings, "cannot fully compensate the employees … for the variety of benefits that good-faith collective bargaining with the Union might otherwise have secured for them in the present." *Bloedorn v. Francisco Foods, Inc.*, 276 F.3d 270, 299 (7th Cir. 2001).

AFSCME and Council 31 will also lose the dues-paying members laid off as a result of Defendants' actions. Their financial harm from the lost dues cannot be remedied by damages, for the reasons discussed above. Moreover, Plaintiffs' loss of members will further undermine their bargaining strength: the premise of labor organizing and negotiation by an exclusive bargaining representative is that employees derive bargaining strength through their solidarity and numerosity. Sforza Decl. ¶ 21. AFSCME Affiliates will be forced to expend significant resources to address layoffs on behalf of the employees they represent, and the resulting employee disaffection from layoffs inevitably erodes support for the union, as has already been the case for AFSCME Council 31 at CCDPH due to recent layoffs stemming from other grant cuts. Plaza Decl. ¶¶ 5-7, 9-10

Finally, Defendants' actions will harm Plaintiffs' members in the same way that it will harm the public at large. Withholding substantial sums of public health funds, which Congress appropriated to create a robust national public health infrastructure for the treatment of those in need and protection against the outbreak of disease as well as other public health risks, undermines the health of all. To list just a few examples, in California, the loss of funding will disrupt outreach and coordination efforts to make H5N1 testing and treatment available and to respond to cyanobacteria blooms. *See* Decl. of Susan Fanelli, *Illinois*, Dkt. 57-10 ¶ 62. In Minnesota, the decisions will disrupt detection and investigation of foodborne illnesses, sexually transmitted disease prevention efforts, suicide prevention, air quality alerts, and efforts to address violence in the workplace. Decl. of Wendy Underwood, *Illinois*, Dkt. 57-9 ¶ 67. Illinois will lose funding for

the "regulation and provision of statewide emergency medical services, community initiatives in medically underserved areas, and public health surveillance laboratory testing, lead surveillance and case management and environmental health monitoring." Decl. of Ashley Thoele, *Illinois*, Dkt. 57-5 ¶ 35. It will also collapse the State's "entire dedicated infrastructure for viral hepatitis surveillance and outbreak response." *Id.* ¶ 49. In Colorado, Defendants' actions will undermine the State's HIV prevention efforts and degrade its Prevention and Surveillance program. Decl. of Ned Calogne, *Illinois*, Dkt. 57-7 ¶¶ 67, 69. And as Plaintiffs' members employed by CCDPH have explained in their declarations, these public health departments are already skeleton-staffed due to tight budgets, reducing not only the ability of public health employees like Smith to help ensure prompt treatment and stem the spread of STIs, Smith Decl. ¶¶ 9-10, but also to accomplish these departments' other crucial work like that by AFSCME Local 505 President Damian Plaza, who combats food-borne illnesses. Plaza Decl. ¶ 2.

Defendants will likely argue that the preliminary injunction in *Illinois* precludes Plaintiffs from making any showing of irreparable harm. But that would be a misstatement of the law. "[C]ourts in this district have found that 'the pendency of ... other cases and the preliminary injunction orders entered therein do not moot the present motion or otherwise counsel against its consideration.'" *Chatwani v. Noem*, No. 25-CV-04024, 2026 WL 458418, at *7 (N.D. Ill. Feb. 18, 2026) (quoting *Cook Cnty. v. McAleenan*, 417 F. Supp. 3d 1008, 1030 (N.D. Ill. 2019), *aff'd on other grounds sub nom. Cook Cnty. v. Wolf*, 962 F.3d 208 (7th Cir. 2020)). Indeed, "courts routinely grant follow-on injunctions against the Government, even in instances when an earlier nationwide injunction has already provided plaintiffs in the later action with their desired relief." *Whitman-Walker Clinic, Inc. v. HHS.*, 485 F. Supp. 3d 1, 60 (D.D.C. 2020) (collecting cases). Plaintiffs do not have control over how the States enforce their preliminary injunction or litigate

their case; they also cannot control what happens on any appeal of the *Illinois* preliminary injunction. Moreover, Plaintiffs' unique arguments regarding district court jurisdiction in the face of Defendants' Tucker Act arguments, discussed *supra* 13–22, as well as Plaintiffs' distinct irreparable harm, constitute grounds for affirming a preliminary injunction distinguishable from the States.

III. The Balance of Equities and Public Interest Favor Plaintiffs.

The balance of equitable interests also tips in favor of injunctive relief. This inquiry requires a court to "consider both the public interest as well as the competing harms that would flow to the parties from a grant or denial of the requested injunction." *Ind. Right to Life Victory Fund*, 112 F.4th at 471 (citation omitted). In a constitutional case such as this one, "'the balance of harms normally favors granting preliminary injunctive relief because the public interest is not harmed by preliminarily enjoining the enforcement of a statute that is probably unconstitutional.'" *Chicago Women in Trades*, 773 F. Supp. 3d 592 at 609 (quoting *Elrod v. Burns*, 427 U.S. 347, 373 (1976)).

As detailed above, *supra* at 33-39, the OMB Targeting Directive and CDC Grant Termination Decision jeopardize millions of dollars that fund Plaintiffs' members' work, risking their jobs, livelihoods, health insurance, and the other important benefits that come with public employment. Lost employment would also compromise Plaintiffs' bargaining strength and harm AFCSME and ASFSCME Council 31 as organizations by depriving them of dues-paying members and resources. And the broader public who (like Plaintiffs) also depend on these grants to fund essential public health work has a strong reliance interest in preserving federal funds that support life-saving public health programs. *See Camelot Banquet Rooms, Inc. v. SBA*, 24 F.4th 640, 644 (7th Cir. 2022) (equity "takes into account the effects of a decision on non-parties."). And an injunction here would also have the benefit of allaying concerns among Plaintiffs' members, and

the public at large, in other jurisdictions that perceived opposition to the current Administration need not result in the instability of federal funding. Sforza Decl. ¶¶ 21–23.

Further tipping the balance towards Plaintiffs, "[i]njunctions protecting First Amendment freedoms are always in the public interest." *Chicago Women in Trades*, 773 F. Supp. 3d at 609 (internal quotation omitted), as there is "a substantial public interest in having governmental agencies abide by the federal laws that govern their existence and operations." *League of Women Voters of U.S. v. Newby*, 838 F.3d 1, 12 (D.C. Cir. 2016) (cleaned up). By contrast, Defendants "cannot suffer harm from an injunction that merely ends an unlawful practice." *Rodriguez v. Robbins*, 715 F.3d 1127, 1145 (9th Cir. 2013).

CONCLUSION

For the foregoing reasons, Plaintiffs respectfully request that the Court preliminarily enjoin the OMB Targeting Directive and the CDC Grant Termination Decision, or in the alternative that that Court stay these actions pursuant to 5 U.S.C. § 705.

Date: March 25, 2026

/s/ *Joel McElvain*

Joel McElvain (DC Bar No. 448431)
Shiva Kooragayala (IL Bar No. 6336195)
Kristen Miller (DC Bar No. 229627)*
Cortney Robinson Henderson (DC Bar No. 1656074)*
Yenisey Rodríguez (D.C. Bar No. 1600574)*
DEMOCRACY FORWARD FOUNDATION
P.O. Box 34553
Washington, DC 20043
(202) 297-4810
jmcelvain@democracyforwward.org
skooragayala@democracyforward.org
consultantkmiller@democracyforward.org
crhenderson@democracyforward.org
yrodriguez@democracyforward.org

Matthew Blumin (DC Bar No. 1007008)*
Georgina Yeomans (DC Bar No. 1510777)*
AMERICAN FEDERATION OF STATE,
COUNTY, AND MUNICIPAL
EMPLOYEES, AFL-CIO (AFSCME)
1625 L Street NW
Washington, DC 20036
(202) 775-5900
MBlumin@afscme.org
GYeomans@afscme.org

Counsel for All Plaintiffs

**Admitted Pro Hac Vice*

Exhibit A

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

EASTERN DIVISION

AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL EMPLOYEES, AFL-CIO *et al.*, *Plaintiffs*, v. RUSSELL VOUGHT, in his official capacity as Director of the Office of Management & Budget, et al.; *Defendants*.	Case No. 26-cv-02656 Honorable Judge John F. Kness

DECLARATION OF MICHELLE SFORZA

I, Michelle Sforza, hereby declare under penalty of perjury as prescribed in 28 U.S.C. § 1746 that the following is true and correct:

1. My name is Michelle Sforza. I am over eighteen years of age, of sound mind, and fully competent to make this declaration. This declaration is based on my personal knowledge, information, and belief.

2. I am the Associate Director of the Organizing and Field Services Department ("OFS") of the American Federation of State, County, and Municipal Employees, AFL-CIO ("AFSCME International"). I have worked for AFSCME International for over 25 years. In my role as Associate Director of OFS, I help oversee the organizing and field services staff that support the needs of AFSCME International's affiliated unions and subordinate bodies ("AFSCME

Affiliates")—on any given day I am responsible for responding to the developing needs of AFSCME Affiliates, which are broad and far reaching but in my case often focus on evaluating legislative opportunities for promoting pro-worker policies, conducting strategic research in support of organizing campaigns, and helping provide other organizing and field support for labor relations matters. Under the AFSCME International Constitution, AFSCME Affiliates include councils, locals, or in some cases associations. Under the AFSCME International Constitution, all members of AFSCME Affiliates are members of both the AFSCME Affiliate and AFSCME International, and pay voluntary membership dues, a portion of which are remitted to the AFSCME Affiliate and a portion to AFSCME International.

3. AFSCME International, through AFSCME Affiliates, represents 1.4 million members in the United States, including tens of thousands of employees of public health departments in state and local governments across the county. AFSCME members in public health work tirelessly to ensure that their communities receive critical public health resources.

4. Through my work as the Associate Director of Organizing and Field Services at AFSCME International, I am familiar with the many AFSCME Affiliates that represent public health employees across the country. AFSCME proudly represents countless individuals who work in public health positions in more than 150 localities in at least 28 states, including in California, Colorado, Illinois, and Minnesota.

5. AFSCME represents public health workers in a wide range of bargaining units for which AFSCME is certified by law as their exclusive representative for purposes of collective bargaining. Some of these public health employees are part of bargaining units made up exclusively of public health employees. For example, AFSCME Local 3565 represents a bargaining unit made up of employees of the East Side Health District in Illinois. Other

AFSCME-represented public health employees are part of larger, multi-department or multi-agency bargaining units that cover the workforces of entire state or local governments. For example, AFSCME Council 5 represents employees of the State of Minnesota who work across multiple offices and departments throughout government, including the Department of Health. These Minnesota State employees are covered by a collective bargaining agreement between Council 5 and the State. Put otherwise, AFSCME may represent employees of standalone public health departments that are covered by a collective bargaining agreement specific to that public health department, but AFSCME also represents public health workers covered by more expansive collective bargaining agreements that cover all public employees employed by a state, city, municipality, or county.

6. As discussed more fully below, AFSCME members work in the public health space in the four states implicated in this case. AFSCME members also work in the public health space in at least 27 other states. Attachment A is a non-exhaustive list of public health departments that employ AFSCME members outside the four states implicated in this case, based on my research into AFSCME databases. Combined with this declaration, Attachment A is a snapshot of AFSCME's presence in the public health space and does not encompass the entire universe of jurisdictions where AFSCME represents public health employees and is party to a collective bargaining agreement that dictates the terms and conditions of those public health employees.

7. In my capacity as Associate Director of Organizing and Field Services, I am familiar with the various funding streams that state and local public health departments receive from the federal government directly or as subgrants from states to local governments, including grants from the U.S. Centers for Disease Control (CDC) and the U.S. Department of Health and Human

Service (HHS), as well as how the loss of this funding impacts state and local budgets, and in turn impacts employees whom AFSCME represents.

8. It is my understanding that HHS and the CDC have purported to rescind significant public health grants affecting California, Colorado, Illinois, and Minnesota. AFSCME has a large public-health presence in those states, as set forth below. Descriptions of many of the cancelled grants have been filed in *Illinois v. Vought*, 26-cv-1566 (N.D. Ill.), Dkt.57. This declaration does not duplicate those descriptions but instead focuses on the impact of those cancellations on AFSCME members as well as additional relevant cancellations not contained in the *Illinois* filings. The AFSCME members described below work for employers that receive money from grants the Defendants have purported to cancel or rescind.

Illinois

9. AFSCME Council 31 represents, as the certified exclusive collective bargaining representative under state law, approximately two-thirds of all employees of the Illinois Department of Public Health (IDPH). 694 IDPH employees are voluntary dues-paying members of AFSCME and AFSCME Council 31. These AFSCME members work throughout the state to keep Illinois residents healthy and safe. Just some of the vital work these employees do includes detecting and preventing lead poisoning and communicable or sexually transmitted diseases; monitoring outbreaks of rabies, hepatitis, and waterborne and foodborne illnesses; educating the community about risk reduction relating to HIV and AIDS; investigating licensed health facility providers for compliance with state and federal law; inspecting food and dairy processing facilities, public swimming pools, youth camps, and public and private non-community water supply facilities; and conducting public health surveys. IDPH's Chief Operating Officer has attested that the loss of the grant money at issue here will require IDPH to reduce or eliminate at

least 99 IDPH staff positions, including 78 full-time employees. I am aware that AFSCME-represented IDPH employees perform work that is funded by the grants at issue in this case, including but not limited to the Behavioral Risk Factor Surveillance System ("BRFSS") and Public Health Infrastructure Grant ("PHIG") awards.

10. AFSCME Council 31, together with its Local 505, also represents hundreds of employees at the Chicago Department of Public Health ("CDPH") as their certified exclusive collective bargaining representative under Illinois State law. The Council 31-represented bargaining unit constitutes approximately 60% of the employees of CDPH, and 369 CDPH employees are dues-paying members of AFSCME and AFSCME Council 31. In 2025, due to budgetary constraints, CDPH underwent three rounds of layoffs, which resulted in the elimination of over 100 open positions and a reduction in force (RIF) that affected approximately 40 members of the AFSCME-represented bargaining unit. Ultimately, five bargaining unit members lost their jobs with the City as a result of the third round of layoffs. The funding cuts challenged in this case will exacerbate those budgetary constraints and lead to additional layoffs of AFSCME-represented CDPH employees. The commissioner of CDPH has attested that up to 98.45 full-time CDPH public health employees could lose their jobs as a result of the loss of the grant money at issue in this case. I am aware that AFSCME-represented CDPH employees perform work that is funded by the grants at issue in this case.

11. IDPH subgrants a significant portion of its Strengthening Illinois' Public Health Administration grant, one of the grants at issue in this case, to local public health departments. AFSCME Council 31 represents employees at many local public health departments that receive this sub-granted federal money. Those Counil-31 represented departments include:

a. Champaign County

b. Champaign-Urbana Public Health District

c. Christian County

d. City of Evanston

e. Cook County Department of Public Health

f. DeKalb County

g. East Side Health District

h. Egyptian Public and Mental Health Department

i. Franklin-Williamson Bi-County Health Department

j. Grundy County Health Department

k. Jefferson County Health Department

l. Kane County Health Department

m. Kankakee County Health Department

n. Lake County

o. LaSalle County Health Department

p. Logan County Department of Public Health

q. Macoupin County Public Health Department

r. Peoria City/Couty Health Department

s. Rock Island County

t. Sangamon County Department of Public Health

u. Shelby County

v. Southern Seven Health Department

w. Whiteside County

x. Will County Health Department

12. IDPH's Chief Operating Officer attested that 674 local health department positions would lose financial support as a result of the challenged cuts.

Colorado

13. AFSCME's membership includes hundreds of employees of the City and County of Denver, including AFSCME members employed in Denver's Department of Public Health and Environment (DDPHE). In May 2025, Mayor Mike Johnston announced the City faced a $250 million budget deficit for 2025 and 2026. In August 2025, the City laid off 171 workers, including approximately 20 public health employees, and eliminated 665 open positions to cut $100 million from Denver's budget. This last round of layoffs led to the termination of AFSCME members, including in DDPHE. Withholding the funding at issue in this case will exacerbate the funding pressures Denver faces and lead to additional layoffs of AFSCME members. The Director of DDPHE has attested that the additional loss of funds caused by the actions challenged in this lawsuit will force DDPHE to terminate 22 additional public health employees.

Minnesota

14. AFSCME, through its affiliated AFSCME Council 5, represents employees across the State of Minnesota government, including at the Minnesota Department of Health (MDH). AFSCME Council 5 is the exclusive collective bargaining agent, certified under Minnesota State Law, for a bargaining unit consisting of MDH employees. The Deputy Commissioner of MDH, Wendy Underwood, has attested that the money that Defendants have or will withhold from MDH supports 97 full-time equivalent staff positions at MDH. It is unclear whether MDH will be able to fill this funding gap, meaning that it will likely have to terminate staff, including AFSCME members.

15. Minnesota distributes part of the Public Health Infrastructure Grant Program funding, which is at issue in this case, to community health boards. Community health boards are the legal governing authorities for local public health in Minnesota. They work with the State to protect against public health hazards. Sometimes community health boards span multiple counties. AFSCME, through its affiliated AFSCME Council 5 and AFSCME Council 65, represents employees at approximately two dozen local governments whose work includes public health work overseen by community health boards. Those community health boards receive Public Health Infrastructure Grant Program money from the State that then funds AFSCME members' work:

a. AFSCME Council 65 represents public health employees in counties who do work with the following Boards that will lose pass-through money from the State:

    i. Beltrami County Community Health Board
    ii. Benton County Human Services
    iii. Blue Earth County Community Health Board
    iv. Carlton-Cook-Lake-St. Louis Community Health Board
    v. Carver County Community Health Board
    vi. Cass County Health, Human & Veterans Services
    vii. Des Moines Valley Health and Human Services
    viii. Human Services of Faribault & Martin Counties
    ix. Fillmore-Houston Community Health Board
    x. Freeborn County Community Health Board
    xi. Horizon Public Health
    xii. Kandiyohi-Renville Community Health Board

xiii. Meeker-McLeod-Sibley Community Health Board

xiv. Morrison-Todd-Wadena Community Health Board

xv. Mower County Community Health Board

xvi. Pine County Community Health Board

xvii. Polk-Norman-Mahnomen Community Health Board

xviii. Stearns County Community Health Board

xix. Wright County Community Health Board

b. AFSCME Council 5 represents public health employees in counties who do work with the following Boards that will lose pass-through money from the State:

i. Dakota County Community Health Board

ii. Hennepin County Community Health Board

iii. Saint Paul Ramsey County Community Health Board

iv. Scott County Community Health Board

v. Washington County Community Health Board

16. MDH Deputy Commissioner Wendy Underwood has attested that this pass-through funding, which CDC intends to terminate, supports approximately 200 Community Health Board positions. She has also attested to her understanding that loss of the pass-through funds could put some community health organizations at risk of closing altogether. In other words, the funding cuts will cause AFSCME members to lose their jobs.

17. AFSCME Council 5 also represents employees of the City of Minneapolis. It is my understanding based on publicly available information that Minneapolis is a direct recipient of two CDC grants, Federal Award Identification Numbers NE11OE000027 and NU58DP007607. It is also my understanding that those grants were announced to be terminated by the Targeting

Directive, which if effectuated would deprive Minneapolis of over $6 million in public health funding and thus likely cause AFSCME members to lose their jobs.

California

18. AFSCME affiliates AFSCME District Council 36 (Council 36) and the Union of American Physicians and Dentists, represent employees at the Los Angeles County Department of Public Health (LACDPH), which is a direct grantee of the CDC and stands to lose over $64 million in public health funds due to the cuts at issue here. LACDPH has attested that the County would be unable to offset these losses and that up to 148.5 LACDPH personnel would potentially have to be terminated or reassigned as a result.

19. Los Angeles County and AFSCME Council 36 are currently in the process of negotiating a new CBA, and the County has expressed to AFSCME Council 36 that the County is in unprecedented financial distress in the wake of a $4 billion legal settlement and $2 billion in expenses related to last year's wildfires. The County has already ceased filling vacancies in County jobs. Any grant cuts to LACDPH therefore put directly at risk the jobs of AFSCME members who work for Los Angeles County and LACDPH. Based on the government employers' attestations in *Illinoi v. Vought*, Case No. 1:26-cv-1566, many AFSCME-represented public health employees will lose their jobs as a direct result of these funding cuts. Without their jobs in public health, these members will face lost wages, lost health insurance benefits, and untold financial and emotional harm.

20. The decision by HHS and the CDC to swiftly and abruptly pull promised public health funding from the four Targeted States also directly impacts numerous AFSCME members who work in public health for state and local governments across the country in other states, as the specter of potentially being subject to arbitrary federal funding cuts increases precarity in other

jurisdictions as well. Increased financial precarity due to the threat of federal grant cuts in turn harms AFSCME's bargaining power and thus its ability to deliver for its members by achieving optimal terms and conditions of employment for them in CBAs, especially in the four Targeted States but also elsewhere.

21. And these harms to AFSCME members also harm AFSCME International and AFSCME Affiliates as organizations. The greatest loss to AFSCME from the loss of members is a diminished public workforce to service our communities, but the loss of dues revenue is another practical harm to the union because the organization relies on dues to perform critical representational work for our members every day. Additionally, shrinking bargaining units at the state and local levels will only reduce the union's strength at the bargaining table where we negotiate wages, benefits, and other terms and conditions of employment for our members and their entire bargaining unit of public health workers. In Illinois, for example, the loss of public health employees from the statewide bargaining unit would weaken not only the bargaining power of public health employees, but of all AFSCME members who work for the State.

22. Layoffs also force AFSCME to divert resources that will make it more difficult to accomplish AFSCME's primary mission of improving the wages and benefits for all AFSCME members, because AFSCME Affiliates are committed under their CBAs to enforce CBA provisions related to layoffs, and also because AFSCME Affiliates are committed to supporting AFSCME members through employment disruptions especially, including layoffs. This diversion of resources is necessary to support impacted members, as it is both AFSCME's core commitment as a labor organization, and the AFSCME Affiliates' statutory duty under state and local labor relations laws, to represent all members of bargaining units for which AFSCME is the certified exclusive collective bargaining agent.

23. Members of the public, including AFSCME's broader membership in the affected states, who benefit from and rely upon the public health resources states and localities provide, will also suffer from lost personnel and ceased or reduced public health programming.

24. Through my experience in AFSCME's Organizing and Field Services Department, I am in communication with our affiliates every day and am aware of the way the loss of federal dollars at the state level, like with the HHS and CDC cuts to the public health funding at issue here, will reverberate through state and local public health agencies. In jurisdictions where similar cuts have taken effect elsewhere, layoffs have followed. Some examples include cuts to COVID-related funds to public health departments where AFSCME represents employees in Alaska and Ohio, where AFSCME members have experienced layoffs as an immediate and direct result once the grant cuts were in effect. Based on my experience, the loss of the substantial HHS and CDC public health funding at issue in this case will result in job losses for AFSCME members if the cuts are allowed to take effect.

25. I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed at Washington, D.C. on the 25th day of March, 2026.

Michelle Sforza

ATTACHMENT A

State	Affiliate	Local	Employer
AK	ASEA		State of Alaska
AZ	449	449	County of Pima/El Rio Medical Center
CT	4	595	City of Meriden
CT	4	466	City of Middletown
CT	4	1303-332	City of New Britain
CT	4	2405	City of Norwalk
CT	4	2657	City of Stamford
CT	4	1303-446	Ledge Light Health District
CT	4		Town of Ledyard
DE	81		State of Delaware
HI	HGEA	152	State of Hawaii
IA	61	679	Black Hawk County Public Health
IA	61	2205	Des Moines County Health Department
IA	61	2840	Jasper County Board of Health
IA	61	231	Linn County
KS	KOSE		State of Kansas Department of Health & Environment
KY	962	2629	Louisville Jefferson County Metro Government
MA	93	787	Boston Public Health Commission
MA	93	690	City of Wayland Public Health Department
MA	93		New Bedford Health Department
MA	Alliance with SEIU Local 888		Commonwealth of Massachusetts
MD	3	558	City of Baltimore
MD	3		State of Maryland
MI	925	2733	County of Washtenaw
MI	925	3497	District Health Department No. 2
MI	925	1421	Lapeer County Health Department
MI	925		Ottawa County Public Health Department
MI	925	3626	Western UP District Health Department

MI	925	1855	Mid-Michigan Public & Health Care
MI	925	1613	Marquette County Health Department
MI	925	25	Wayne County Health Deppartment
MI	MSEA	5	State of Michigan
MO		500	City of Kansas City
NE	NAPE	61	State of Nebraska
NH	93	298	City of Manchester Health Department
NJ	63		Cape May County
NJ	63	430	Paterson Division of Health
NM	18		State of New Mexico
NV		4041	State of Nevada
NY	37	3005, 436, 768	City of New York Health Department
NY	CSEA	1000	Albany County Health Department
NY	CSEA	1000	County of Broome
NY	CSEA	1000	County of Cattaraugus
NY	CSEA	1000	County of Cayuga
NY	CSEA	1000	County of Chautauqua
NY	CSEA	1000	County of Chemung
NY	CSEA	1000	County of Chenango
NY	CSEA	1000	County of Clinton
NY	CSEA	1000	County of Courtland
NY	CSEA	1000	County of Duchess
NY	CSEA	1000	County of Fulton
NY	CSEA	1000	County of Genessee
NY	CSEA	1000	County of Herkimer
NY	CSEA	1000	County of Lewis
NY	CSEA	1000	County of Livingston
NY	CSEA	1000	County of Monroe
NY	CSEA	1000	County of Montgomery
NY	CSEA	1000	County of Orleans
NY	CSEA	1000	County of Oswego
NY	CSEA	1000	County of Putnam

NY	CSEA	1000	County of Rockland
NY	CSEA	1000	County of Saratoga
NY	CSEA	1000	County of Schenectady
NY	CSEA	1000	County of Schoharie
NY	CSEA	1000	County of Schuyler
NY	CSEA	1000	County of Tioga
NY	CSEA	1000	County of Tompkins
NY	CSEA	1000	County of Ulster
NY	CSEA	1000	County of Westchester
NY	CSEA	1000	County of Yates
NY	CSEA	1000	County Oneida
NY	CSEA	1000	Essex County
NY	CSEA	1000	Madison County
NY	CSEA	1000	Ontario County
NY	CSEA	1000	St Louis County Public Health and Human Services Department
NY	CSEA	1000	Warren County
NY	CSEA	1000	Wyoming County
NY	CSEA	1000	Wayne County
OH	8	2191	Columbus City Board of Health
OH	8	3619-2	Jackson County Health Department
OH	8	3759	Mahoning County District Board of Health
OH	8	3469	Mansfield-Richland County Health
OH	8		Cuyahoga Board of Health
OH	8		Cincinnati Health Department
OH	8		Cleveland Health Department
OH	8		Elyria Health Department
OH	8		Lake County Health District
OH	OCSEA	11	State of Ohio
OR	75		Benton County
OR	75		Clatsop County
OR	75		Columbia County

OR	75		Deschutes County
OR	75		Hood River County
OR	75		Josephine County
OR	75	2831	Lane County
OR	75		Malheur County
OR	75		Morrow County Health District
OR	75	88	Multnomah County
OR	75		Polk County
OR	75		Tillamook County
OR	75		Umatilla County
OR	75		Wallowa County Health Care District
OR	75		Yamhill County
PA	13		County of Bucks
PA	33	488	City of Philadelphia Municipal Health Department
PA	47	2187	City of Philadelphia
RI	94	2870	State of Rhode Island Health Department
SD	65	519	City of Sioux Falls
SD	65		Beadle County
TX		1624	City of Austin
TX		HOPE	City of Houston
VA	20	3001	City of Alexandria
WA	2	275	Grays Harbor County
WA	2	367-C	Pacific County
WA	2		San Juan County
WA	2		Seattle-King County Health Department
WA	2		Snohomish Health District
WA	2		Tacoma-Pierce Health Department
WA	2	618-CO	Thurston County
WA	2	1557	Wahkiakum County
WA	2		Yakima County
WA	28		State of Washington
WI	32	705	Dane County Health Care Emp

Exhibit B

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

EASTERN DIVISION

AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL EMPLOYEES, AFL-CIO *et al.*, *Plaintiffs*, v. RUSSELL VOUGHT, in his official capacity as Director of the Office of Management & Budget, et al.; *Defendants*.	Case No. 26-cv-02656 Honorable Judge John F. Kness

DECLARATION OF DAMIAN PLAZA

I, Damian Plaza, hereby declare under penalty of perjury as prescribed in 28 U.S.C. § 1746 that the following is true and correct:

1. My name is Damian Plaza. I am over 18 years of age, of sound mind, and fully competent to make this declaration. This declaration is based on my personal knowledge, information, and belief.

2. I am an employee of the City of Chicago Department of Public Health ("CDPH"). I am an investigator focused on identifying and stopping the spread of food-borne illnesses. I have worked for CDPH for about 25 years.

3. I am a member and the president of AFSCME Local 505, which is affiliated with AFSCME Council 31 in Illinois and AFSCME International. As a member of Local 505, I am

also a member of both AFSCME Council 31 and AFSCME International. I pay my voluntary union membership dues to Local 505, a portion of which are remitted to Council 31 and AFSCME International, every month and have done so for multiple years.

4. Local 505 has 369 dues-paying members employed by CDPH and is the certified collective bargaining representative under state law of a bargaining unit consisting of about sixty percent of all CDPH employees. The terms and conditions of all members of the Local 505 bargaining unit at CDPH are governed by a collective bargaining agreement ("CBA") between CDPH and AFSCME Council 31 and Local 505, which is set to expire next year and which I play a role in negotiating and enforcing on behalf of CDPH employees.

5. In January 2026, CDPH conducted a reduction-in-force ("RIF") that affected about 40 Local 505 members and resulted in 5 being laid off and losing their jobs. CDPH told us that the RIF was specifically due to the loss of federal grants related to COVID-19, and everyone laid off was a person whose job was funded by one of those federal grants.

6. Since the January 2026 layoffs, CDPH has also been crystal clear that there is no financial slack at CDPH and that vacancies will not be filled as a consequence. For example, my team used to have 10 employees, but now we are down to 5; when a coworker recently retired, the position was not filled. Operating at half our typical staffing levels has made the jobs of everyone on my team much harder already, and this harms public health. I cannot imagine doing this job with even fewer colleagues, but I know I may have to do just that for a long time if there is another RIF due to additional lost federal funding, because CDPH will not fill those vacancies.

7. I learned from my experience with the January 2026 layoffs that CDPH is in an extremely precarious financial position and that any future loss of federal grants will lead directly to the immediate loss of jobs by Local 505 members. Thus, I was not surprised at all to read the

declaration of CDPH Commissioner Ige filed in the case of *Illinois v. Vought*, 26-cv-1566 (N.D. Ill.), stating that up to 98 CDPH employees could lose their jobs if the cuts CDC recently tried to make to CDPH grants were to take effect. The overwhelming majority of those losing their jobs would be Local 505 members.

8. It is hard to express just how many ways losing these Local 505 members at CDPH would harm them, our union, and our Chicago community. Many of our members are not highly paid, and one of the greatest benefits they get for working at CDPH is the valuable health insurance benefit we negotiate in our CBA; losing it would be devastating for those members with preexisting conditions. Losing health insurance on top of being unemployed and losing their income would be very harmful to all members and their families. The public would also lose the critical public health services these members provide, which would be especially harmful right now because we are already so understaffed following the January 2026 layoffs and because CDPH has not filled vacancies across the entire agency–not just those affected by grant cuts.

9. The greatest losses to the union from layoffs are the loss of seeing colleagues and fellow public service workers fired and the loss of the critical public health work they perform as a result, but there are other practical harms to the union as an organization as well, and those harms hurt our members too. For Local 505, losing members also means losing our only source of revenue, membership dues, as well as strength in collective bargaining which requires resources funded by those dues. We would also lose strength in collective bargaining both because we would be smaller in number and because CDPH's dire financial condition would make it harder for us to achieve gains for our members at the bargaining table in negotiations over our next CBA, which hurts union members who are not laid off too. In addition, RIFs require intensive work by our union to represent our members and enforce the RIF provisions of our CBA to

ensure layoffs happens in accordance with all rules, which inevitably erodes support for Local 505 among members who are upset about the RIF process. For example, after the January 2026 RIF, members upset about how the RIF was implemented expressed to me their intention to quit the union.

10. I believe our City and our State are being targeted with these grant cuts in retaliation for our policies, in particular us being a "sanctuary city." I am politically active and have openly supported the sanctuary city policy, because I oppose cruelty and believe that our City should be welcoming to all of our residents, no matter who they are or where they come from. As the president of Local 505, I have spoken out publicly and in the press in support of the idea that it is important to help more members of our community feel seen and represented. And Local 505 members have also told me that they, too, believe Chicago is being retaliated against for being a sanctuary city.

Executed at Chicago, Illinois on the 25th day of March, 2026.

Damian Plaza

Exhibit C

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF ILLINOIS

EASTERN DIVISION

AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL EMPLOYEES, AFL-CIO *et al.*, *Plaintiffs*, v. RUSSELL VOUGHT, in his official capacity as Director of the Office of Management & Budget, et al.; *Defendants*.	Case No. 26-cv-02656 Honorable Judge John F. Kness

DECLARATION OF DARLETTA SMITH

I, Darletta Smith, hereby declare under penalty of perjury as prescribed in 28 U.S.C. § 1746 that the following is true and correct:

1. My name is Darletta Smith. I am sixty (60) years of age, of sound mind, and fully competent to make this declaration. This declaration is based on my personal knowledge, information, and belief.

2. I am an employee of the City of Chicago Department of Public Health ("CDPH"). I am a Communicable Disease Control Investigator ("CDCI") and work on the Sexually Transmitted Infections ("STI") Surveillance team within the Syndemic Infectious Disease ("SID") Bureau.

3. I am a member of AFSCME Local 505, which is affiliated with AFSCME Council 31 and AFSCME International. As a member of Local 505, I am also a member of both AFSCME Council 31 and AFSCME International. I pay my voluntary union membership dues to Local 505, a portion of which are remitted to AFSCME Council 31 and AFSCME International, every month and have done so for multiple years. My terms and conditions of employment are governed by a collective bargaining agreement ("CBA") between Local 505 and CDPH.

4. As a CDCI, my primary role is to support CDCH's STI Surveillance Program by tracking the treatment that Chicago residents are receiving throughout the City for communicable STIs, both to ensure they are receiving adequate treatment and to minimize the spread of diseases. The CDCH STI Surveillance Program is responsible for collecting all reports of STIs from laboratories and health care providers in Chicago. State law mandates that all laboratories and health care providers within the City of Chicago report cases of STIs to CDPH, and I work to ensure that those reports are received, complete and processed in a timely fashion to report to the Illinois Department of Health ("IDOH") and U.S. Centers for Disease Control and Prevention ("CDC"). I work closely with health care providers to obtain missing information, confirm and verify that our residents are receiving adequate treatment for their STIs, and assign STI cases to field staff to assist with linkage to care if treatment has not been received. I have received advanced training from the CDC to conduct these investigations.

5. My position is grant-funded, and therefore I am required to log the hours that I work to grants in CDPH's internal systems. I log my hours to the "STD Prevention" grant which comes from federal CDC funding. My supervisor has told me that my job depends on this grant funding, and that the threat to this grant is also a threat to my job.

6. In January 2026, CDPH conducted a reduction-in-force ("RIF"), also known as a layoff, that reduced the size of the STI Surveillance Team on which I work. One member of our team was subject to the RIF. So I know that any cuts to the federal grant that funds our work would result in further RIFs to my team which would likely lead to me being laid off this time.

7. I am terrified of losing my job as a result of these federal funding cuts. I rely on my job not only for a stable paycheck but also for my employer-provided healthcare, which I desperately need because I have multiple underlying medical conditions. I am a breast cancer survivor, having received radiation, chemotherapy, and surgery which resulted in the removal of 18 lymph nodes. As a result my breast cancer treatment, I require regular MRIs and mammograms for maintenance as well as ongoing care from my oncologist. In addition, I have diabetes and am on multiple costly medications. The combination of my diabetes and lack of lymph nodes leads to intense swelling which requires me to periodically be bandaged for relief, requiring significant sick time off work.

8. If I lost my job, I would not be able to afford health insurance on the private market and also pay my rent. Because I cannot afford not to take care of my health due to my preexisting conditions, I would have to spend all my money on healthcare, and I would become homeless. I would also probably have to change my current healthcare providers, which would be very damaging for the continuity of care for my multiple complex conditions. My health conditions and age also make me confident that, in the current labor market, it would be virtually impossible for me to find another job, let alone one that would provide me comparable health insurance benefits and adequate leave on Day 1 to treat my health conditions, which currently require regular medical leave. I simply cannot live without my job at CDPH.

9. I also love my job, I am good at it, and the public benefits as a result. Every day I show up to work I devote 100% to trying to make sure our city's residents stay healthy so that they can live their lives with dignity. I do this by working proactively to ensure that individuals with STIs get the care they need and deserve, which they often are not getting until we at CDPH intervene, and also by doing everything I can to make sure that these diseases do not spread. I am extremely proud of the difference we make in our residents' lives.

10. Losing the federal funding we need to do this important work, and shrinking our STI Prevention team, would have a directly harmful impact on the public by reducing our ability to track, treat, and prevent the spread of STIs in our community.

11. I am proud of the role I play in helping our city achieve positive public health outcomes, and there is no other job I am as qualified to do, nor would I want to be. This is not just a job. This role is more than that, and losing my job would harm my sense of purpose and identity. Due to the large number of layoffs of public health employees already, and other federal funding cuts, there are no jobs for someone like me who is committed to doing this work as a career.

Executed at Chicago, Illinois on the 24 day of March, 2026.

Darletta Smith

Darletta Smith

MAHA Commission report paints a dark picture of U.S. children's health

UPDATED MAY 22, 2025 · 6:46 PM ET

By Will Stone

U.S. Secretary of Health and Human Services Robert F. Kennedy Jr. testifies before the Senate Committee on Health, Education, Labor, and Pensions on Capitol Hill on May 14, 2025 in Washington, DC.

Samuel Corum/Getty Images

The Trump administration released a sweeping report Thursday, offering its analysis of what's driving chronic disease among the nation's children.

The report titled, "The MAHA Report: Make Our Children Healthy Again" catalogues in detail a "chronic disease crisis," including high rates of obesity, asthma, autoimmune conditions and behavioral health disorders among kids.

The 72-page document is a product of the MAHA commission, which was established by President Trump through an executive order on Feb. 13. The commission, chaired by Health Secretary Robert F. Kennedy, Jr., enlisted various Cabinet members, including the secretaries of agriculture and education and the head of the Environmental Protection Agency, and met in private over the last few months.

Sponsor Message

"There is something wrong and we will not stop until we defeat the chronic disease epidemic," Trump said at a White House event on Thursday, flanked by Secretary Kennedy and other members of the commission.

Much of what's detailed reflects the views Kennedy has articulated during his many public appearances.

The report identifies four major drivers behind the rise in childhood chronic illness: poor diet, environmental chemicals, chronic stress and lack of physical activity, and overmedicalization. In keeping with the messaging that has animated the MAHA platform, the report pins much of the blame on conflicts of interest and corporate influence in the food, chemical and pharmaceutical industries.

The report lays the groundwork for the MAHA commission to develop a strategy for addressing childhood disease, which is supposed to happen by mid August according to the February executive order.

The proposition that nutrition, lifestyle and exposure to pollution and other harmful chemicals are conspiring to harm children's health is not controversial among longtime researchers in public health.

"Many of us have been calling for some attention to these issues for decades now," says Dr. James Perrin, a professor of pediatrics at Harvard Medical School. "This is a real American problem, and it's not one that we're seeing quite so dramatically in other countries."

But the report doesn't resolve some of the central tensions that have characterized Kennedy's MAHA platform from the outset.

"They make a great diagnosis and they have a very weak treatment plan," says Dr. Philip Landrigan, a professor of pediatrics and public health at Boston College.

Among the concerns: The report doesn't contain a thorough discussion of the socioeconomic factors like poverty, which is a key predictor of chronic disease.

"They acknowledge that ultra-processed foods are cheaper, but aren't acknowledging that growing poverty and the wealth gap is leading more people,

and children, to relying on cheaper foods," says Carmen Marsit, a professor of environmental health at Emory University.

The report also questions vaccine safety and suggests that possible links to childhood disease have not been thoroughly studied.

"That is simply not true. There have been abundant studies," says Landrigan.

More broadly, the emphasis on advancing research and public health initiatives runs counter to many of the recent actions taken by the Trump administration.

For example, the report outlines the risks of exposure to harmful chemicals on children's health — an area that Dr. Sheela Sathyanarayana, a professor of pediatrics at the University of Washington, says deserves much more attention. And yet the Trump administration is cutting staff at key agencies and dissolving an office in the Environmental Protection Agency that studies the toxic effects of chemicals.

She agrees with the overarching theme that our medical system and our research infrastructure is too focused on treating these diseases and finding cures.

"We really need to move more into a prevention model," says Sathyanarayana.

"But some of the actions they have taken actually undermine prevention," she says.

As head of the Department of Health and Human Services, Kennedy has directed the firing of thousands of federal workers, cuts to the Centers for Disease Control and Prevention and elimination of billions of dollars of contracts and grants from the National Institutes of Health, all of which support the kind of research and data that underlie the report.

Dr. William Dietz, a childhood obesity researcher at the George Washington University, says the MAHA commission's emphasis on the harms of ultra-processed foods is warranted, though the report paints the topic with a broad brush, when, in fact, certain processed foods are more problematic than others.

However, he worries the federal government may not even be able to accurately track its progress on obesity in the future.

"I'm really concerned the scalpel that's been taken to CDC in general threatens the ongoing ability to monitor health. And those are going to be some of the same data sets that are needed to assess progress in many of these areas," he says.

The report reserves space at the very end to sketch out a range of proposed solutions: Asking the National Institutes of Health to fund new trials on whole-food diets and on potentially harmful ingredients in the food supply; pushing NIH and the Food and Drug Administration to improve post-marketing surveillance of pediatric drugs; supporting new pediatric drug safety research; and launching a national lifestyle-medicine initiative.

It's not clear where the funds or staffing would come from for these priorities.

Lauren Wisk, who studies chronic disease in children at UCLA, says the numbers cited on the rates of childhood disease are "reasonable."

But she worries about Kennedy's rhetoric that seems to favor the idea of "magic bullets" like eliminating food dyes instead of focusing on large-scale programs that provide access to healthy food for low-income families or tackle air pollution, which is linked to asthma and other conditions.

"This administration has not been as excited to talk about the social policies that need to be in place to address onset of pediatric disease," she says.

"They have been looking at things that are splashier, easier to point the finger at, but when you actually think about the epidemiology of this — it's not going to be

the most effective strategy if they want to be serious about curbing the issue."

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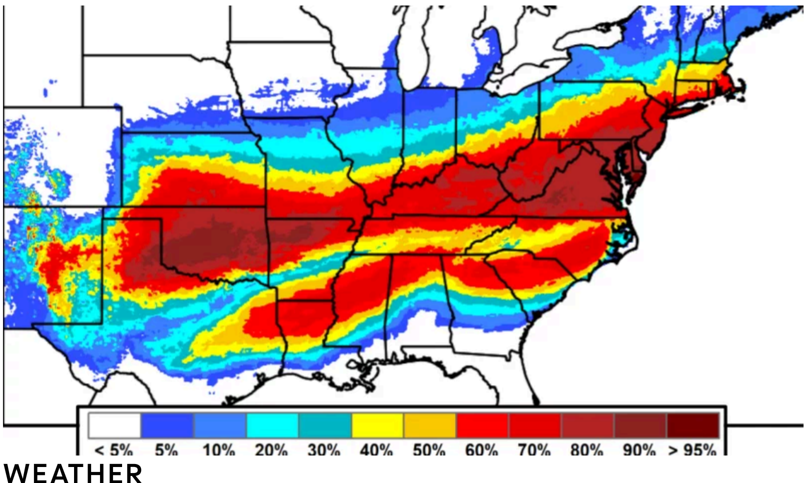

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Trump Administration to Cut $600 Million in Health Funding From Four States

The states, all led by Democrats, used the grants to support a wide variety of functions, including H.I.V. prevention and surveillance.

Listen · 3:21 min

By Apoorva Mandavilli

Feb. 9, 2026

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The Trump administration plans to rescind $600 million in public health funds from four states led by Democrats because it finds the grants "inconsistent with agency priorities," according to documents reviewed by The New York Times.

The programs slated to be cut are in California, Colorado, Illinois and Minnesota. They include grants to state and local public health departments as well as to some nongovernmental organizations. A list of the cuts was shared with relevant congressional committees on Monday.

The funds are administered through the Centers for Disease Control and Prevention. They include grants given to states for a variety of purposes, including hiring staffs, modernizing data systems and managing disease outbreaks. Some programs are aimed at the needs of specific communities.

Some of the cuts will be finalized this week and others over the coming weeks, totaling roughly $600 million. The figure was first reported by The New York Post.

Nearly two-thirds of the funding is unspent money allocated to state and local public health departments in California.

“These grants are being terminated because they do not reflect agency priorities,” a spokesman for the Department of Health and Human Services said. About two dozen of the grants were aimed at curbing H.I.V. and other sexually transmitted infections.

Dr. Deb Houry, who served as the C.D.C.’s chief medical officer before she resigned in August, noted that Congress had already appropriated the funds.

“It is concerning that H.H.S. is cutting public health funding to local communities that cover core functions in the middle of a measles outbreak and other health threats,” she said. “This coupled with large staffing cuts to federal public health leaves communities less prepared.”

Much of the rescinded money comprised large grants to health departments. Among the cuts to partner organizations were:

- $7.2 million from the American Medical Association in Illinois, which supports gender transitions for children;
- $5.2 million from Lurie Children’s Hospital of Chicago for increasing H.I.V. prevention therapy among Black women;
- $876,000 from the Prevention Research Center at the University of California, San Francisco, to address “reducing social isolation among older L.G.B.T.Q. adults”;
- $371,000 from the Colorado Health Network Inc. to focus on “engaging Latino and African American” men who have sex with men.

In September, the C.D.C.’s website was revised to detail the agency’s new priorities, including moving away from a focus on diseases that predominantly affect certain populations.

That focus “has not translated into measurable improved health for minority populations, and in many cases has undermined core American values,” the agency now says.

Last month, Health and Human Services told state health departments that public health infrastructure grants totaling $5 billion would be paused and reviewed to ensure that they were “aligned” with the administration’s goals. The pause was lifted within 24 hours.

Tony Romm contributed reporting.

Apoorva Mandavilli reports on science and global health for The Times, with a focus on infectious diseases and pandemics and the public health agencies that try to manage them.

White House Health Report Included Fake Citations

A report on children's health released by the Make America Healthy Again Commission referred to scientific papers that did not exist.

Listen · 6:14 min

By Dani Blum and Maggie Astor

May 29, 2025

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The Trump administration released a report last week that it billed as a "clear, evidence-based foundation" for action on a range of children's health issues.

But the report, from the presidential Make America Healthy Again Commission, cited studies that did not exist. These included fictitious studies on direct-to-consumer drug advertising, mental illness and medications prescribed for children with asthma.

"It makes me concerned about the rigor of the report, if these really basic citation practices aren't being followed," said Katherine Keyes, a professor of epidemiology at Columbia University who was listed as the author of a paper on mental health and substance use among adolescents. Dr. Keyes has not written any paper by the title the report cited, nor does one seem to exist by any author.

The news outlet NOTUS first reported the presence of false citations, and The New York Times identified additional faulty references. By midafternoon on Thursday, the White House had uploaded a new copy of the report with corrections.

Dr. Ivan Oransky — who teaches medical journalism at New York University and is a co-founder of Retraction Watch, a website that tracks retractions of scientific research — said the errors in the report were characteristic of the use of generative artificial intelligence, which has led to similar issues in legal filings and more.

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Dr. Oransky said that while he did not know whether the government had used A.I. in producing the report or the citations, "we've seen this particular movie before, and it's unfortunately much more common in scientific literature than people would like or than really it should be."

Asked at a news conference on Thursday whether the report had relied on A.I., the White House press secretary, Karoline Leavitt, deferred to the Department of Health and Human Services. Emily Hilliard, a spokeswoman for the department, did not answer a question about the source of the fabricated references and downplayed them as "minor citation and formatting errors." She said that "the substance of the MAHA report remains the same — a historic and transformative assessment by the federal government to understand the chronic-disease epidemic afflicting our nation's children."

The false references do not necessarily mean the underlying facts in the report are incorrect. But they indicate a lack of rigorous review and verification of the report and its bibliography before it was released, Dr. Oransky said.

"Scientific publishing is supposed to be about verification," he said, adding: "There's supposed to be a set of eyes, actually several sets of eyes. And so what that tells us is that there was no good set of eyes on this."

Researchers previously told The Times that they agreed with many of the report's points, like its criticism of synthetic chemicals in the U.S. food supply and of the prevalence of ultraprocessed foods. (An early copy of the report shared with reporters did not include citations.)

But doctors have disagreed with some of the report's other suggestions, including that routine childhood vaccines may be harmful — which scientists say is based on an incorrect understanding of immunology.

The news that some citations were fake further undermines confidence in the report's findings, Dr. Keyes said.

She noted that her research had indeed shown that rates of depression and anxiety were rising among adolescents, as the report said they were. But the faulty citation "certainly makes me concerned about the evidence base that conclusions are being drawn from," she said.

The report also originally cited a paper on direct-to-consumer advertising of prescription drugs published in The Lancet in 2005. A paper with that title does exist, but it was a perspective piece from an expert, not a study. It was published in a different journal five years earlier, and was not written by the cited author.

Another citation incorrectly referred to a paper on the link between sleep, inflammation and insulin sensitivity. The citation included a co-author who did not work on the paper, and omitted a researcher who did; it also listed the wrong journal. The citation has now been corrected, but Thirumagal Kanagasabai, a researcher in Toronto and the lead author on the paper, said she was shocked an incorrect citation had made it in there in the first place.

"I just don't understand that," she said. "How could it get mixed up?"

The report also pointed to what it said was a 2009 paper in The Journal of Child and Adolescent Psychopharmacology by "Findling, R.L., et al.," on the advertising of psychiatric medications. A spokesman for Virginia Commonwealth University, where Dr. Robert L. Findling works as a professor of psychiatry, said Dr. Findling had not written the article.

Experts said that even some correctly cited papers were inaccurately summarized. For example, the report said that the fifth edition of a guide used by psychiatrists to classify mental health conditions had loosened criteria for A.D.H.D. and bipolar disorder, driving a 40-fold increase in diagnoses in children from 1994 to 2003.

But that edition was not published until 2013. The diagnoses mentioned in the cited study would have been made using an earlier version.

In addition, the data appeared to originate from a 2007 study that refers to an approximately 40-fold increase in the diagnosis of bipolar disorder among youth from 1994 to 2003, but does not mention increases in A.D.H.D. prevalence.

Part of what makes the errors so striking, Dr. Kanagasabai said, is that the importance of citations is drilled into young researchers even in the earliest stages of their careers.

"You want to always go back to the original source, and you want to make sure that source is correct," she said.

Christina Caron contributed reporting.

Dani Blum is a health reporter for The Times.

Maggie Astor covers the intersection of health and politics for The Times. She welcomes tips on Signal: @maggieastor.63.

A version of this article appears in print on , Section A, Page 20 of the New York edition with the headline: Fake Citations Found Within White House's Health Report

delaware online

NEWS

Does leucovorin treat autism? What to know about FDA approval of folinic acid treatment

Maria Francis
USA TODAY NETWORK

Sept. 23, 2025, 1:15 p.m. ET

The FDA initiated the approval of the prescription drug leucovorin for the treatment of autism in children. Here's what to know.

On Monday, Sept. 22, the U.S. Food and Drug Administration announced the approval of leucovorin calcium tablets for patients with cerebral folate deficiency, calling it “the first FDA-recognized treatment for autism.”

FDA Commissioner Marty Makary, M.D., M.P.H., said "We have witnessed a tragic four-fold increase in autism over two decades.” Adding “Children are suffering and deserve access to potential treatments that have shown promise. We are using gold standard science and common sense to deliver for the American people.”

AAP: 'Dangerous claims' about causes of autism confuse parents, harm children

September 23, 2025

Steve Schering, Staff writer

Article type: News

Topics: Autism/ASD, Developmental/Behavioral Issues, Obstetrics, Pharmacology, Vaccine/Immunization

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Spreading misleading information about vaccines, medications and the cause of autism threatens the health of children, AAP President Susan J. Kressly, M.D., FAAP, said Monday following a White House announcement.

"Today's White House event on autism was filled with dangerous claims and misleading information that sends a confusing message to parents and expecting parents and does a disservice to autistic

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Without citing evidence, President Donald J. Trump and federal health officials suggested that giving vaccines separately could reduce the rate of autism, which has climbed to one in 31 children, according to a recent report from the Centers for Disease Control and Prevention.

"Pediatricians know firsthand that children's immune systems perform better after vaccination against serious, contagious diseases like polio, measles, whooping cough and Hepatitis B," Dr. Kressly said. "Spacing out or delaying vaccines means children will not have immunity against these diseases at times when they are most at risk."

The Food and Drug Administration (FDA) also initiated the process for a label change for acetaminophen, stating that evidence suggests its use during pregnancy may be associated with an increased risk of neurological conditions such as autism and attention-deficit/hyperactivity disorder in children. Federal officials also discouraged the use of acetaminophen for short-term fevers in young children.

"Suggestions that acetaminophen use in pregnancy causes autism are not only highly concerning to clinicians but also irresponsible when considering the harmful and confusing message they send to pregnant patients, including those who may need to rely on this beneficial medicine during pregnancy," Steven J. Fleischman, M.D., M.B.A., FACOG, president of the American College of Obstetricians and Gynecologists, said in a statement.

"In more than two decades of research on the use of acetaminophen in pregnancy, not a single reputable study has successfully concluded that the use of acetaminophen in any trimester of pregnancy causes neurodevelopmental disorders in children," Dr. Fleischman said.

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condition that affects folate transport into the brain. Individuals with CFD may have symptoms such as developmental delays and autism.

While some early studies show leucovorin has improved verbal communication for some folate-deficient children, the AAP said it is experimental and needs to be evaluated in larger trials to understand how well it works and who may benefit.

"There is no single, root cause of autism, and there is no single medication that will give every autistic child or adult what they need," Dr. Kressly said. "Individualized plans, often involving a combination of developmental, behavioral, educational and social-relational strategies, can help improve outcomes that are meaningful to individuals and families. We also need and welcome additional investments in federally funded research to better support families of autistic children."

If parents have questions about autism, the AAP encourages them to talk to their child's pediatrician.

AAP continues to advocate for additional resources for families with autistic children to support development. Such treatments include speech therapy, occupational therapy, individualized education plans and family supports.

Federal officials also continued to sow distrust in vaccines, hinting without evidence that spreading out vaccinations could reduce risk. While the cause of autism is unknown, decades of research from around the world has shown that vaccines do not cause autism.

"Studies have repeatedly found no credible link between life-saving childhood vaccines and autism. This research, in many countries, involving thousands of individuals, has spanned multiple decades," Dr. Kressly said. "Any effort to misrepresent sound, strong science

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ASD. The research effort is being launched with more than $50 million in awards to support various projects.

Resources

- Information for parents from HealthyChildren.org on autism, including leucovorin
- Information for parents from HealthyChildren.org on acetaminophen dosing for children
- AAP Fact Checked articles on acetaminophen and autism, vaccines and autism, measles vaccine, pediatrician payments, Hepatitis B vaccine, thimerosal and aluminum and other ingredients

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September 22, 2025

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President Trump, Secretary Kennedy Announce Bold Actions to Tackle Autism Epidemic

WASHINGTON—SEPTEMBER 22, 2025—Speaking from the Roosevelt Room today, President Donald J. Trump and U.S. Health and Human Services (HHS) Secretary Robert F. Kennedy, Jr. announced bold new actions to confront the nation's autism spectrum disorder (ASD) epidemic, which has surged nearly 400% </press-room/autism-epidemic-runs-rampant-new-data-shows-grants.html> since 2000 and now affects 1 in 31 American children.

“For too long, families have been left without answers or options as autism rates have soared,” **Secretary Kennedy said.** “Today, we are taking bold action—opening the door to the first FDA-recognized treatment pathway, informing doctors and families about potential risks, and investing in groundbreaking research. We will follow the science, restore trust, and deliver hope to millions of American families.”

First, the U.S. Food and Drug Administration (FDA) will act on a potential treatment for speech-related deficits associated with ASD. The FDA today is publishing a Federal Register notice outlining a label update for leucovorin for cerebral folate deficiency <https://pubmed.ncbi.nlm.nih.gov/34834493/>, which has been associated with autism. This action establishes the first FDA-recognized therapeutic for children with cerebral folate deficiency and autistic symptoms.

The change will authorize treatment for children with ASD, with continued use if children show language, social, or adaptive gains. Following the label update for ASD, state Medicaid programs will be able to cover leucovorin for the indication of ASD, in partnership with the Centers for Medicare & Medicaid Services (CMS). Finally, the National Institutes of Health (NIH) will launch confirmatory trials and new research into the impact of leucovorin including safety studies.

While promising, it is important to note that leucovorin is not a cure for ASD and may only lead to improvements in speech-related deficits for a subset of children with ASD. Furthermore, this treatment must be administered under close medical supervision and in conjunction with other non-pharmacological approaches for children with ASD (e.g., behavioral therapy).

“As a physician, I have seen how devastating autism spectrum disorder can be for children and their families,” **CMS Administrator Dr. Mehmet Oz said.** “Today’s actions represent an unprecedented, comprehensive approach to deepen our understanding of the causes of autism, share what we know and don’t know based on current research, and ensure that every child has a better chance to thrive. By providing access to a drug to treat symptoms associated with autism, we are providing hope to families and providers who have until today had very limited options.”

Second, HHS will act on acetaminophen. Today, the FDA will issue a physician notice and begin the process to initiate a safety label change for acetaminophen (Tylenol and similar products). HHS will launch a nationwide public service campaign to inform families and protect public health.

The FDA is responding to prior clinical and laboratory studies that suggest a potential association between acetaminophen use during pregnancy and adverse neurodevelopmental outcomes <https://pubmed.ncbi.nlm.nih.gov/31664451/>. FDA also recognizes that there are contrary studies showing no association and that there can be risks for untreated fever in pregnancy, both for the mother and fetus.

Given the conflicting literature and lack of clear causal evidence, HHS wants to encourage clinicians to exercise their best judgment <https://pubmed.ncbi.nlm.nih.gov/34556849/> in use of acetaminophen for fevers and pain in pregnancy by prescribing the lowest effective dose for the shortest duration when treatment is required. Furthermore, FDA recognizes that acetaminophen is often the only tool for fevers and pain in pregnancy, as other alternatives (e.g., NSAIDs) have well documented adverse effects. FDA is partnering with manufacturers to update labeling and drive new research to safeguard mothers, children, and families.

“A growing body of evidence suggests that some children suffering from autism are folate deficient within the brain—a problem that can be treated with leucovorin,” **FDA Commissioner Dr. Marty Makary said**. “Given the extent of the current autism epidemic, physicians should immediately have this treatment option available for candidate children. We are also sharing new information about the potential risks of acetaminophen so patients can make a more informed decision with their health care provider.”

Third, NIH today is announcing the recipients of the Autism Data Science Initiative <https://grants.nih.gov/news-events/nih-extramural-nexus-news/2025/05/announcing-the-nih-autism-data-science-initiative-research-opportunity> (ADSI), funding 13 projects totaling more than $50 million to transform autism research. ADSI integrates large-scale biological, clinical, and behavioral data with an exposomics approach that examines environmental, nutritional, medical, and social factors alongside genetics.

Projects employ advanced methods such as machine learning and organoid models, address both children and adults across the lifespan, and establish replication hubs to ensure rigor. Each project includes community engagement to align research with the needs of autistic individuals, families, and clinicians.

“Millions of American families who care for autistic kids need scientists to apply gold standard science, expertise, and open minds to figure out how to help these kids,” **NIH Director Dr. Jay Bhattacharya said.** “With the Autism Data Science Initiative, NIH is harnessing cutting-edge science to uncover the root causes of autism. We are building knowledge that can improve lives and restore hope for families.”

Read the fact sheet </press-room/autism-announcement-fact-sheet.html>.

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Last revised: September 22, 2025

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Content last reviewed September 22, 2025

FDA to approve drug to treat autism symptoms

In a POLITICO Magazine opinion piece, leaders in Trump's health department also caution the public to balance the risk and benefits of taking acetaminophen during pregnancy.

The federal health agency leaders wrote in an op-ed that "leucovorin is not a cure for autism." | Francis Chung/POLITICO

By **DAVID LIM**
09/22/2025 04:49 PM EDT

The Food and Drug Administration plans to approve a new use for the generic drug leucovorin in the coming weeks to treat kids with "cerebral folate deficiency and autistic symptoms," according to a POLITICO Magazine opinion piece by federal health leaders published on Monday.

The officials — FDA Commissioner Marty Makary, National Institutes for Health Director Jay Bhattacharya and Centers for Medicare and Medicaid Services Administrator Mehmet Oz — pointed to research they say suggests leucovorin, also known as folinic acid, may help children who are deficient in folate, a vitamin. They said there was evidence leucovorin, which is currently used to treat cancer and anemia patients, can help children with autism improve their verbal communication. But they emphasized in the opinion piece that the drug "is not a cure for autism."

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While scientists say leucovorin, a form of vitamin B, could be promising for a subset of autism patients, they cautioned that the current data is limited and the drug needs more research.

The agency leaders also encouraged pregnant women to use Tylenol and generic acetaminophen "judiciously" in consultation with a health care provider — but acknowledged there is conflicting research about whether use of the medication is correlated with subsequent diagnosis of autism and attention deficit/hyperactivity disorder.

"In the coming weeks, the FDA will approve leucovorin as a treatment for children with cerebral folate deficiency and autistic symptoms. Over half of all American children are insured by Medicaid or CHIP, so upon this FDA label change, states will be required to cover leucovorin around the country," the agency leaders said, referencing the federal-state health insurance programs for low-income people.

The opinion piece comes as the White House announced the moves Monday. Health Secretary Robert F. Kennedy Jr. in April pledged to have answers about the causes of autism by September.

Doctors already discourage pregnant women from taking Advil or ibuprofen because of a known risk of birth defects, leaving acetaminophen the only over-the-counter drug approved to treat pain relief and fevers during pregnancy. Fevers, the officials wrote, can also pose a risk to unborn children and cause neural tube defects.

"Peer-reviewed data from large-scale cohort studies, including the Nurses' Health Study II and the Boston Birth Cohort, find this association," they wrote, referencing long-term research at Harvard and Johns Hopkins University. "At the same time, we also recognize the literature continues to evolve and evidence from family control studies have failed to find a correlation."

Both the Society for Maternal Fetal Medicine and the American College of Obstetricians and Gynecologists are retaining their guidance on acetaminophen, according to ACOG President Steven Fleischman.

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“These studies are looking for associations, they don’t show causation,” said Dr. Peter Bernstein, a member of American College of Obstetricians and Gynecologists clinical consensus committee. “Not treating a fever may increase the risk of the pregnancy, certainly more than the Tylenol use.”

On Monday, the United Kingdom’s Medicines and Healthcare products Regulatory Agency released a statement from its chief safety officer backing the safety of paracetamol, another name for acetaminophen.

“Patient safety is our top priority. There is no evidence that taking paracetamol during pregnancy causes autism in children,” MHRA Chief Safety Officer Alison Cave said. “Paracetamol remains the recommended pain relief option for pregnant women when used as directed.”

Alice Miranda Ollstein contributed to this report.

FILED UNDER: FDA, MEHMET OZ, MARTY MAKARY, JAY BHATTACHARYA

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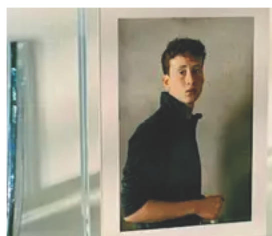

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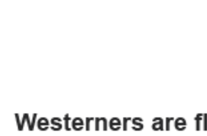

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HEALTH

Leucovorin lacks evidence to use as autism treatment, FDA says

Drug is approved for different brain disorder, despite top officials' claim of wide benefit for autism

Sarah Silbiger/Getty Images/STAT

By O. Rose Broderick March 10, 2026

Disability in Health Care Reporting Fellow

The Food and Drug Administration on Tuesday approved a drug to treat a rare brain disorder that resembles autism, while pulling back from previous statements made by top

health officials that "hundreds of thousands" of children with autism could benefit from taking the drug.

The medication, leucovorin, will be available for children and adults with cerebral folate deficiency, which limits the delivery of folate, a kind of vitamin B, to the brain. The approval was given to GSK, the original manufacturer of Wellcovorin — a branded version of leucovorin — before the company discontinued its production in 1997. The company does not intend to manufacture or market Wellcovorin again.

The approval is welcome news for the roughly one in a million Americans with the rare genetic condition. But the action also signals the administration's retreat from the September press conference where President Trump and others first suggested leucovorin held great promise as an autism treatment. Senior FDA officials told the AP that the agency narrowed its review of the medication to focus on uses backed by more robust evidence.

Cerebral folate deficiency is not autism, but the two conditions are both characterized by similar developmental delays. Folinic acid, a dietary supplement, has improved symptoms in people with folate deficiency. Some parents of autistic children have turned to leucovorin, which shares the same ingredient, in a bid to boost their kids' ability to communicate. Results from a handful of studies were middling — and then the largest study demonstrating its efficacy was retracted in January.

The scientific evidence hasn't stopped Americans from clamoring for the drug. Outpatient prescriptions of leucovorin rose by 71% in the weeks following the press conference, according to a Lancet study published last week.

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POLITICS • POLICY

How Joe Rogan Convinced Trump to Fast-Track Review of Psychedelic Drugs

The president issues executive order increasing research into drugs used to treat PTSD and other disorders

By Marianne LeVine Follow and Liz Essley Whyte Follow

April 18, 2026 1:19 pm ET

President Trump speaking before signing an executive order on certain psychedelic drugs. JIM WATSON/AFP/GETTY

A text message from podcaster Joe Rogan kicked off a frenetic weeklong effort by the Trump administration to announce changes to the way the government handles psychedelic drugs.

President Trump signed an executive order Saturday that seeks to fast-track research into certain psychedelic drugs, including LSD and ibogaine, which some veterans have used to treat their post-traumatic stress disorder.

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OPINION REVIEW & OUTLOOK Follow

Dr. Makary and Mr. Hyde at the FDA

The agency kills a therapy for melanoma despite the evidence of progress against deadly tumors.

By The Editorial Board Follow

April 14, 2026 5:02 pm ET

Food and Drug Administration biologics chief Vinay Prasad is stepping down at the end of this month after torpedoing breakthrough rare disease treatments. The grim reaper can't leave soon enough, but he's not leaving without kicking patients with late-stage melanoma on his way out.

The FDA on Friday for the second time rejected a promising melanoma immunotherapy by the biotech firm Replimune. Some 8,500 Americans die every year of melanoma, many of whom could be saved by Replimune's RP1. But Dr. Prasad and Commissioner Marty Makary have decided that for whatever reason they aren't worth saving.

***

RP1 is an oncolytic virus therapy that turbo-charges the immune response in people resistant to other immunotherapies. A modified herpes virus is injected into tumors, which causes cancer cells to burst and release flares that activate and train the immune system to attack cancer cells throughout the body.

Patients with metastatic melanoma who stop responding to other immunotherapies typically die in less than a year. In Replimune's trial,

tumors shrank in nearly all patients and vanished in one of six. About a third went into remission. FDA staff were so impressed by the results that the agency designated RP1 a "breakthrough therapy" in November 2024 to expedite its review.

As we've reported, Dr. Prasad last summer overruled career staff to reject RP1. The agency's main criticism was that its trial lacked a control arm, though this would be unethical in late-stage patients who failed to improve on other therapies. Oncologists around the world lambasted the FDA.

Melanoma World Society president Axel Hauschild wrote to the FDA that a randomized control study "would be considered as unethical" in his home country of Germany. Drs. Makary and Prasad tried to deflect criticism by blaming the rejection on Richard Pazdur, then head of the FDA oncology center.

To defuse the outcry, the FDA last fall agreed to reconsider the drug. But it now appears this was a perfunctory review intended to give Drs. Prasad and Makary cover for their initial blunder in rejecting the drug. The rejection letter on Friday says the agency chose new staff for the second review "to maintain objectivity and account for potential bias."

In other words, Dr. Prasad selected a new review panel because the original team supported approval. The reasons the FDA cites in the letter for rejecting the drug reflect Dr. Prasad's bias and show the outcome of the second review was likely preordained.

Start with the claim that the tumor-shrinking effects of RP1 could not be disentangled from that of another immunotherapy that patients were taking concurrently. But all patients had previously relapsed or failed to respond to other immunotherapies. RP1 is intended to help these refractory patients by boosting their response to other therapies.

Replimune submitted additional data showing that cancer in responding patients advanced after a median 30.6 months when they also got RP1, versus 4.4 months of being treated with other immunotherapies. This shows RP1 caused patient tumors to shrink. The FDA ignored this data.

Next, the FDA quibbles that patients who had every tumor injected had higher remission rates than those who had only some. It says this raises questions about RP1's efficacy. Huh? This shows the drug works. The FDA also complains some patient tumors were injected more than once, which may have augmented the therapeutic effects. So what?

The letter also bizarrely claims that tumor biopsies—which are done in most cancer trials—could have been the reason that tumors shrank and patients entered remission. If only biopsies had such miraculous effects. The FDA implicitly concedes that the RP1 results are impressive by contriving ridiculous reasons to argue they could be exaggerated.

In a defensive note, the FDA letter says the review team "unanimously" agreed to reject the drug. It also claims Replimune defied FDA advice in March 2021 to run a randomized controlled trial. Yet it omits that the FDA also said it would entertain an accelerated approval based on a single-arm trial if the results were compelling, Replimune chair Philip Astley-Sparke tells us.

The FDA further showed its bad faith by leaking the rejection letter to the press. Usually the FDA gives a company time to prepare a press release and inform staff before posting it on its website. The RP1 rejection letter appeared on social media soon after being sent to the company and before it was posted on the FDA website.

Did the FDA leak the letter to control the press narrative? Mr. Astley-Sparke says the perfunctory second review wasted company time and resources. He doesn't see a way forward for the company since it will be out of funds in 12

months. It would take several years to run the randomized controlled trial that the FDA is demanding.

***

Drs. Makary and Prasad may not care if they kill a company, but what about the patients who will die as a result? The rejection will have a chilling effect on drug development by signaling that the FDA is slamming the door on accelerated approvals and requiring a level of evidence of efficacy that fewer cancer drugs could meet.

Congress ought to haul in Drs. Makary and Prasad for questioning. And President Trump might ask why his choice for FDA Commissioner and the mess with Dr. Prasad have undermined his desire for faster cures.

Food and Drug Administration Commissioner Marty Makary ANNA MONEYMAKER/GETTY IMAGES

Appeared in the April 15, 2026, print edition as 'Dr. Makary and Mr. Hyde at the FDA'.

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The NIH invests most of its nearly $48 billion budget[1] in medical research for the American people.

Nearly 82 percent[2] of NIH's funding is awarded for extramural research, largely through almost 50,000 competitive grants to more than 300,000 researchers at more than 2,500 universities, medical schools, and other research institutions in every state.

In addition, approximately 11 percent[2] of the NIH's budget supports projects conducted by nearly 6,000 scientists in its own laboratories, most of which are on the NIH campus in Bethesda, Maryland. The remaining 6 percent[2] covers research support, administrative, and facility construction, maintenance, or operational costs.

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- RePORTER — a searchable database of NIH-funded research projects

[1] Based on historical distribution of actual FY 2022 obligations across extramural and intramural mechanisms that comprise the annual NIH budget.

[2] Reflects the sum of enacted discretionary budget authority of slightly over $46.1 billion received under the Consolidated Appropriations Act, 2023 (P.L. 117-328). The budget total of $47.7 billion also includes $1.412 billion derived from PHS Evaluation financing, $141.5 million mandatory funding for the Special type 1 diabetes account, and $1.085 billion received from 21st Century Cures Act allocations. Appropriations received by the recently established Advanced Research Projects Agency for Health (ARPA-H) are excluded as is unobligated carryover related to emergency pandemic supplemental appropriations enacted prior to FY 2022 and resources from the HHS Nonrecurring Expenses Fund (NEF).

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Delays in awards and funding calls worry NIH-funded researchers

Many programs may be pushed into the next fiscal year, and some could face funding gaps

3 MAR 2026 • 11:10 AM ET • BY JOCELYN KAISER

The National Institutes of Health faces new funding disruptions. ALISA MACHALEK/NATIONAL INSTITUTES OF HEALTH

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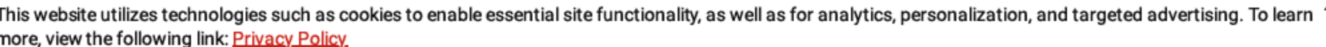

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Taken together, the biomedical research community is facing the prospect of major funding disruptions again this year, even though last year's chaos has died down and Congress last month rejected President Donald Trump's request to slash NIH's $47 billion budget.

"Many programs are in limbo and may be pushed back a year or two. For some that will be devastating," says Jennifer Troyer, former director of the division of extramural operations at NIH's genome institute, who left the agency in December 2025. As for the budget delays, "our concern is that it could drag on for weeks if not months," says a staffer with a research advocacy group who asked not to be named.

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NIH's 24 grantmaking institutes and centers regularly publish announcements inviting researchers to submit applications in priority research areas. Early in the Trump administration, NIH tightened the requirements for these Notices of Funding Opportunities (NOFOs); each had to be approved by the NIH director's office and its parent agency, the Department of Health and Human Services, rather than just by each institute's advisory council. NIH also said it would halve the number of NOFOs.

The reduction has been considerably sharper. Since Trump took office 13 months ago, NIH has posted only 84 NOFOs, down from 787 in the previous year. Many more are in limbo. NIH has 323 opportunities listed as "forecasted." Typically, a NOFO is published, or opened for applications, within a few weeks of its announcement. But many on the list were announced in 2024 and '25 and still are not open.

In a statement, the NIH press team blamed the NOFO delays on the record 43-day federal shutdown last fall. The agency says it is also streamlining NOFOs by making them broader, which should reduce "administrative burden" and improve efficiency. According to a source close to the NIH administration, Deputy Director for Extramural Research Jon Lorsch has said more NOFOs should be released soon.

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NIH officials including Lorsch have said many NOFOs were too narrow and burdened reviewers and applicants alike with unnecessary details. Lorsch's predecessor Michael Lauer, who is now retired, adds that the agency now funds about 40% of projects through NOFOs, compared with 20% 2 decades ago. Lauer supports paring back the number of NOFOs and making them broader, saying NIH's emphasis on calls for specific projects risks squeezing out creative, investigator-initiated research. "The pendulum has swung too far," he says.

NIH program officers worry, however, that fewer NOFOs will erode their ability to nudge fields in new directions and fill gaps. And NOFOs are essential for certain programs such as large networks of centers and efforts to develop research tools, several NIH program officers and leaders say.

There's little prospect of catching up before the fiscal year ends this fall, says Walter Koroshetz, who was recently removed as NIH's neuroscience institute chief. Notices for new NOFOs "would need to be on the street by now," he says. Koroshetz says NIH programs for which Congress specified a funding level, such as the Helping to End Addiction Long-term Initiative addressing opioid addiction, may not be able to spend their appropriations. In that case, they would have to give the money back to the U.S. Department of the Treasury or else meet their spending targets by funding investigator-initiated grants that "look like they fit the program," which could go against lawmakers' intent.

The $7.3 billion National Cancer Institute (NCI), NIH's largest institute, is also feeling the effects. At a recent public meeting,

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For now, NCI is working on giving its clinical trial networks 1-year funding extensions to hold them into the 2027 fiscal year that starts on 1 October.

The delays in the notices come on top of concerns about new spending restrictions that the White House Office of Management and Budget (OMB) has imposed. OMB issued a circular last year saying it can, for 30 days, limit an agency's spending to salaries and other essential expenses. As a result, even though Trump signed a law approving NIH's budget on 3 February, NIH can currently only spend its money for these purposes, *Nature* reported last week. NIH must submit and receive approval for an unusually detailed "spend plan" before it can fund research awards.

To fund grants in the meantime, NIH institutes and centers are using money leftover from a temporary spending measure Congress approved for the first 5 months of the year. That money is mostly being used to cover the annual payments for already approved grants, according to an analysis of NIH data by Jeremy Berg, a former institute director and former editor-in-chief of *Science*. As of last week, the agency has made roughly 800 new and competing awards in total, Berg found; that's less than one-third as many awards as usual at this point in the year.

For the research community, the situation is an unwelcome reminder of last year, when canceled peer-review meetings and other actions by Trump officials resulted in major delays in awards. In July, OMB Director Russell Vought tried to block NIH from spending its remaining budget as part of an effort to claw back unspent funds. Vought released the money only after pushback from a group of Republican senators.

This time Republicans on Congress's appropriations committees have not expressed concern about the current block on the NIH budget, advocates say. But they could be waiting until 5 March, 30 days after Trump signed this year's budget—the deadline for OMB to release the next chunk of NIH's funding.

OMB's press office did not respond to a request for comment.

Update, 9 March, 3:10 p.m.: An OMB memo dated 4 March gives NIH an additional 15 days of funding only for salaries and other essential spending. Asked about the OMB hold on research funding at a meeting of the advisory council of NIH's drug abuse institute on 9 March, NIH Director Jayanta "Jay" Bhattacharya acknowledged what he called an "internal brouhaha" and "political wrangling." But he insisted that "we're going to work very hard to make sure that every single dollar that Congress has sent to us is spent on excellent science. … It's going to be fine." He added, "A lot of the rockiness is not, is just, you know, people wanting to make sure we're spending the money in ways that they're in line with the interest of the American people. And of course, we are, so don't worry."

doi: 10.1126/science.zk2jrug

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ABOUT THE AUTHOR

Jocelyn Kaiser

Author

Jocelyn Kaiser writes about biomedical research news and edits *Science*'s online policy news. She can be found on Signal at jocelynkaiser.51.

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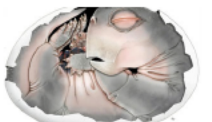

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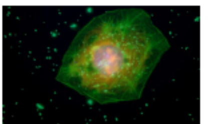

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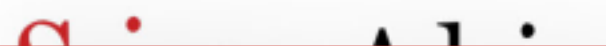

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Once the world's factory, Beijing's relentless focus on R&D means the country has become the world's laboratory

Edward White in Hefei

Published NOV 27 2025

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Cruising along a raised highway in eastern China, Marcus Hafkemeyer takes his hands off the wheel and smiles as the car indicates, brakes softly and changes lanes itself. "I'm very proud," he says.

The German engineer is demonstrating Volkswagen's rapid progress in offering assisted driving functionality to customers in China. Later, in an underground car park, the vehicle remembers its designated space and reverses effortlessly into the spot.

The technology, a forerunner to completely driverless cars, has taken the German company about 18 months to develop, test and now commercially deploy — all in China. It is the fruit of a 700-person research and development team comprised mostly of Chinese software engineers with masters or PhDs and more than five years' experience.

Asked how long it would have taken to deliver something similar back home, Hafkemeyer, who worked with Audi, Chinese state-owned auto group BAIC and tech giant Huawei before joining VW in 2022, sighs with exasperation. Typically, he says, the technology development cycle in Germany is a slog of around four to four-and-a-half years, where ideas are bogged down in endless internal debate and commercial negotiations with suppliers.

“This country has in the last 10 years moved from third gear to fifth gear and is going full speed,” he says. “I still hear in the news ‘the Chinese are coming with their cheap cars flooding the European market’. I’m telling you, come here, look at these ‘cheap cars’. They are full of technology. Their quality is so good.”

Volkswagen’s tech ambitions in the country were originally aimed at winning back Chinese customers lost to a clutch of local rivals, including BYD, which have been faster to embrace the EV transition. The strategy was dubbed “In China, for China”.

China narrows the R&D gap with the US

R&D expenditure by sector ($bn), PPP*

China US

Gross domestic expenditure

800

600

Business enterprise

600

400

FINANCIAL TIMES Source: OECD, Main Science and Technology Indicators Database • *Data is measured in purchasing power parity terms and constant dollars

But now a stream of German engineers are travelling to the group’s R&D centre in Hefei, a city in Anhui province, gleaning what they can from their new colleagues.

For decades, China has been the world's factory and companies have tapped into a low-cost labour force with few protections and cheap, dirty energy. The country's scale — as a manufacturing base and as a consumer market — lured almost all the world's biggest multinationals. But the underlying technology was retained by companies from the US and Europe.

Now China's research and development prowess is allowing it to compete, and potentially beat, the west.

Whereas the biggest focus of US innovation has become potential moonshot technologies such as artificial general intelligence, for Beijing R&D largely focuses on addressing shortcomings in the real economy — part of Xi Jinping's pursuit of technological self-sufficiency.

After years of state, corporate and academic efforts to alleviate basic vulnerabilities, China's advances are now setting up the country to dominate future global supply chains for energy and transport.

Compounding inertia in the west are the sweeping cuts to US science funding made by Donald Trump since he returned to the White House, a move that threatens to undermine the innovation that has been central to the country's economic strength for decades.

As China makes progress, government officials and business executives must decide whether to compete, collaborate or attempt to coexist with the country.

Dan Wang, China director at consultancy Eurasia Group, says China's centralised political system and the Communist party's command over the economy are giving it "the upper hand" over liberal democracies when it comes to new technologies that require long-term investments.

Beijing's commitment to high-tech industries, including to the basic sciences underpinning them, appears to be "much higher than the US", she says. This is almost certain to continue — even if it means one or two generations of Chinese people suffer as a result of the country's fiscal resources being diverted from welfare.

"Focus is the key," Wang says. "The Chinese government has a sense of urgency, they believe they don't have a lot of time and in this competition with the US, China must win."

In 1943, during a period of Japanese occupation, British sinologist Joseph Needham made the first of many trips to China from which he chronicled a rich history of the country outpacing the west. Chinese innovations included the invention of antimalarial drugs in the third century BC and, a few hundred years later, an algorithm for the extraction of square and cubic roots.

Travelling through China's war-torn provinces, however, Needham encountered the nation's academia on its knees. Ninety per cent of China's more than 100 colleges and universities were damaged during the Japanese invasion; many were bombed or looted.

Eighty years later, Chinese research is utterly transformed. The country is close to overtaking the US in total expenditure on R&D, with China spending $781bn and the US $823bn in 2023, according to the OECD. It is a stark change from 2007 when China's R&D spending of $136bn was less than one-third of the $462bn spent by the US.

The potential inflection point follows years of debate in the west over the wisdom of China's state-led development model, with evidence of vast sums of state finances wasted through subsidies and corruption, and criticism over the quality of Chinese academic research and patents.

According to some experts, it is not just the scale of China's R&D budget, but a shift in the nature of that spending that warrants scrutiny.

While government R&D spending in China has exceeded that of the US since 2015, Chinese companies have also rapidly increased their R&D efforts over the past decade, national statistics bureau data shows. The number of corporate R&D institutions has also nearly tripled to more than 150,000. And the number of corporate R&D personnel nearly doubled to 5mn.

China is also producing around 50,000 PhD graduates in science, technology, engineering and mathematics (Stem) fields annually, compared to about 34,000 from US universities.

Chinese industrial firms have ramped up their R&D efforts over the past decade

Number of R&D institutions, personnel and patent applications*

R&D institutions ('000)

150

100

R&D pers

5

4

3

FINANCIAL TIMES Source: National Bureau of Statistics • Data covers industrial enterprises with the sales revenue more than Rmb20mn

Lizzi Lee, a fellow at the Asia Society Policy Institute's Center for China Analysis, says that China's R&D surge has been concentrated in applied areas tied to industrial transformation. This has included advanced materials, 5G, batteries, power equipment and other so-called "enabling" technologies that serve strategic goals.

"The focus has built deep advanced manufacturing ecosystems around scaling and integration into the real economy, rather than 'blue sky' science," she says.

For Europe and the US, Lee adds, there needs to be a realisation of the challenge to compete with China "on China's terms".

"It isn't just catching up on long-term spending, which is already close to impossible. It is competing with a system that fuses industrial policy, advanced supply chains and robust engineering and Stem pipelines into one machine."

For years both foreign and local observers of China's research efforts have been highly sceptical of the quality and value of Chinese academic research and claims of technological breakthroughs.

Following an explosion in the volume of Chinese patents — which has seen the country lead the world in filings since 2011 — China's electronics industry association leader Dong Yunting estimated in 2019 that around 90 per cent of the country's 7mn patents that year were "rubbish", used only to secure project funding.

The reliability of China's EV tech has also come under scrutiny. This was highlighted by the death in eastern China in March of three people in an accident involving a Xiaomi electric car with semi-autonomous capabilities.

Angela Huyue Zhang, a professor of law at the University of Southern California, says that admirers of Beijing's state-led model "often ignore the fragility" that comes with centralised, tightly coupled governance, pointing to China's mishandling of the Covid-19 pandemic and heavy-handed property reforms that have led the economy into a prolonged economic slowdown.

And yet many foreign companies are increasingly of the view that collaboration is the only path to survival.

At a sprawling industrial park on the edge of Rugao, north-west of Shanghai, Scania, a truckmaker, opened a €2bn factory in October. There, the Swedish company plans to integrate cutting-edge Chinese technology into its vehicles for its customers both in China and overseas.

Sonia Ederstål, the head of Scania's China R&D division, says the environment for innovation in China is "completely different" to the west. She points to the truckmaker's quest to introduce autonomous driving functionality as an example.

"We have been trying to do this in Sweden, in the US, everywhere," she says. "Within one year [in China] we were able to integrate the software into our vehicle and make it run completely in that mode."

Since 2018, Mercedes-Benz, BMW, Volkswagen and Stellantis have formed technology partnerships with at least 38 Chinese companies and research institutes, covering software, hardware, batteries and connectivity, UBS data shows.

China has increased the output of new productive forces

Production, by product

Photovoltaic cells (GW)

2021

2022

2023

FINANCIAL TIMES

Source: National Bureau of Statistics, China Association of Automobile Manufacturers

In Shanghai, long the country's preferred hub for foreign companies, the number of foreign-owned R&D centres has increased to 631, as of September, from 441 in 2018. French automaker Renault does not even sell cars in China, but it is among those companies to have opened an R&D centre in Shanghai this year to learn from the local market.

Beijing also saw 58 new R&D centres established by foreign groups in the first 10 months of the year, expanding the total number of foreign R&D centres in the city to 279, according to local officials.

Many areas of Chinese R&D are at the sharp end of technological competition with the US, including artificial intelligence, robotics and quantum computing, bioscience and pharmaceuticals, aerospace and nuclear weapons.

However, the OECD data reveals that a central focus for China over the past 15 years has been basic engineering and materials.

China's research advances across areas such as batteries, renewables and alternative fuels are edging the country closer to Xi's aims of self-sufficiency by cutting a reliance on imported fossil fuels and tech across scores of heavy industries.

OECD analysts noted in a report that China "does not only lead in environment-related product manufacturing and exports, but increasingly also in the creation of relevant knowledge".

For example, China now has 54 commercial-scale clean energy industrial projects either in operation or financed — this covers chemicals such as methanol and ammonia as well as metals like aluminium and steel. That is three times more than in the US, according to data from the Industrial Transition Accelerator, an international non-profit.

Faustine Delasalle, executive director of ITA, says that Chinese companies appear more willing to take the leap from R&D to longer-term commercial investments.

"There's an acceleration in China that we're not seeing in the rest of the world," she says.

When the Chinese Communist party's elite Central Committee met in late October to lay the groundwork for the country's 15th five-year plan, they left little ambiguity about their intent.

"In the coming period, the technological revolution and great-power rivalry will increasingly intertwine, intensifying competition in new technologies and emerging sectors," Ding Xuexiang, China's vice-premier who is responsible for science and technology, wrote in a 454-page explanatory commentary.

China targets high-tech manufacturing

R&D expenditure as a % of revenue, by selected manufacturing sector*

Manufacturing, overall | High technology | Medicine | Automobiles | Railway, ship, aerospace | Electrical machinery and apparatus | Computers, communications and other electronic equipment | Measuring instruments

5

4

3

FINANCIAL TIMES Source: National Bureau of Statistics, National Economic Census, FT research • *China has 31 sub-sectors of manufacturing

Behind the scenes, however, officials are trying to avoid repeating the mistakes of the past where billions of dollars intended for technological gains were wasted. The litany of problems includes corruption among officials and the misallocation of funds by local governments and companies.

Beijing is trying to develop a new system for funnelling capital into strategic industries across the country, but with the central government keeping a tight grip.

Qiu Yong, vice-minister of science and technology, said in May that China's approach to tech-sector financing was shifting "from fiscal thinking to financial thinking" — a pivot from emphasising the scale of funding to focusing on disciplined capital allocation.

Late last month, a $7.2bn fund for central government state-owned enterprises was launched to invest specifically in "strategic emerging industries" such as AI, aerospace, high-end equipment and quantum technology, as well as in energy, information and advanced manufacturing.

At the same time, Beijing is trying to force local governments to cut back spending on industrial expansion to curb the reckless fundraising and waste that has played a role in chronic overcapacity in the economy as well as fuelling corruption.

Tilly Zhang, a technology and industrial policy analyst at Gavekal Dragonomics, a Beijing consultancy, says China's next stage of technological development will be funded differently from the past.

"Official statements have signalled a shift away from the decentralised model that relied heavily on local authorities, towards a more centralised system in which state-owned financial institutions play a bigger role," she says.

Still, Wang of Eurasia believes that Chinese officials remain willing to accept investment waste as they cultivate new national champion companies in important strategic sectors.

"They know that creating a bubble in the beginning is key to create the kind of competition they need [to] then produce the best companies," she says.

Earlier in November, Patrick Vallance, the UK's science minister, landed in Beijing to sign a statement of co-operation with China on areas of health, climate, planetary sciences and agriculture. Absent were satellites, remote sensing technology and robotics, which an earlier agreement had included.

The latest UK-China statement highlighted the fine — perhaps impossible — balance countries must strike between benefiting from China's rising intellectual and manufacturing might and exposure to myriad security and economic risks from over-dependence on China.

Ultimately, if "leading knowledge sits in China" then the worst thing countries can do is cut themselves off from being able to at least observe and learn from Chinese technology and innovation, says Mark Greeven, a Shenzhen-based professor of innovation and strategy at the International Institute for Management Development, a Swiss academic institute.

"If we don't compete, don't collaborate . . . then where is our knowledge going to come from? The onus is on other countries: what do you do to make yourself competitive?" he says.

Zhang, the US professor, says to win the tech race the US must "stay America". That means leveraging its world-leading universities, scientific community and, most importantly, its democratic institutions with strong checks and balances, "rather than dismantling them".

In Beijing, officials are considering what mistakes in bygone centuries lost China the scientific edge it once held over the west.

Vallance told the FT that during talks with his Chinese counterparts they brought up the name of Joseph Needham — the academic who revealed the country's scientific prowess to the world.

"They are still asking the question: what is it that can make you not win?" he says.

Additional contributions from Cheng Leng, Haohsiang Ko, Eleanor Olcott, Gloria Li and Tina Hu

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March 13, 2026

NIH Research Funding Delivers Extraordinary Value for all 50 States, Report Shows

LEADING RESEARCH UNIVERSITIES REPORT (/TAXONOMY/TERM/1526)

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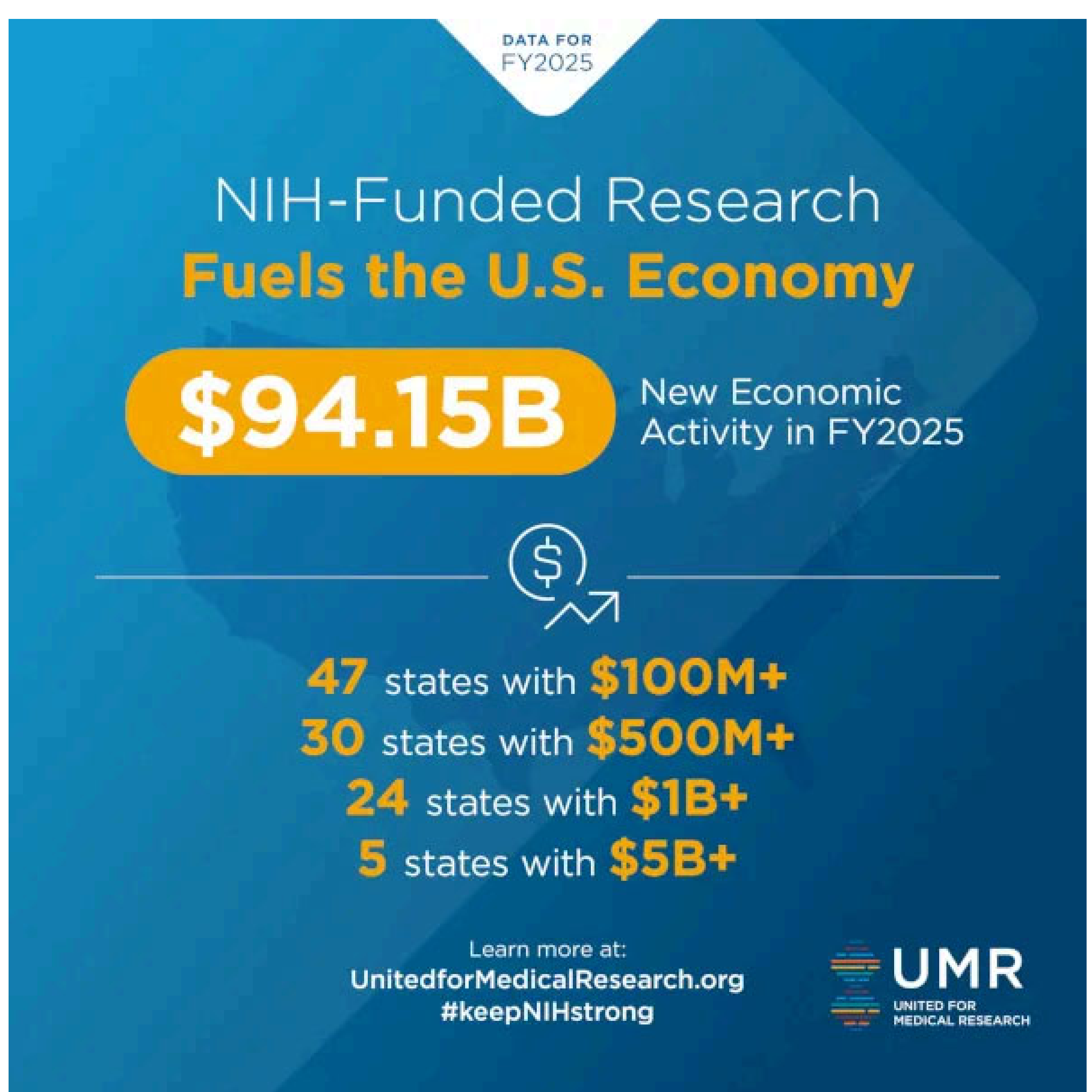

By Bianca Licitra

Research funding provided by the National Institutes of Health in FY25 supported 390,863 jobs and drove $94.15 billion in new economic activity nationwide, a new report (https://www.unitedformedicalresearch.org/annual-economic-report/) by United for Medical Research (UMR) found.

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The report, "NIH's Role in Sustaining the U.S. Economy," is an analysis released annually by UMR, an association of which AAU is a founding member.

The NIH is the federal government's premier medical research agency and one of the largest funders of medical research in the world (https://www.nature.com/articles/d41586-025-00754-4). More than 80% of NIH's budget

(https://www.nih.gov/about-nih/organization/budget) supports external, cutting-edge scientific discovery through a competitive, merit-based process (https://www.aau.edu/issues/merit-review) that annually awards grants to more than 300,000 researchers at more than 2,500 universities, medical schools, and institutions in all 50 states. Biomedical and health research at these institutions, supported by the NIH through its 27 institutes and centers, has led to countless discoveries and innovations that have improved the lives of all Americans and enhanced the nation's global competitiveness.

The UMR report underscores that, in addition to "fueling life-saving discoveries," the NIH is "a proven reliable investment" for American taxpayers because its research grants create jobs and boost economic activity across the country. "For every $1 invested in NIH research, there was a 250% return," the report emphasizes.

The report identifies this exponential return as the "research ripple effect," noting that "[w]hen the NIH funds a research project, the impact of that funding reaches far beyond its original recipients." Across the nation, in every state (https://www.unitedformedicalresearch.org/nih-in-your-state/alabama), researchers receive NIH funding that supports jobs and leads to the purchase of goods and services, further driving economic activity.

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"Even amid funding disruptions last year, NIH research continued to deliver extraordinary value for patients and communities across the country," said Caitlin Leach (https://www.unitedformedicalresearch.org/statements/umr-releases-annual-nih-economic-impact-report-2026-update/), UMR president. "The return on investment is undeniable – but maintaining that return requires strong and stable NIH funding."

One challenge to stable NIH funding is the awarding of multi-year funding. Though NIH successfully spent its FY25 budget, awarding $36.58 billion in research grants, there were significant shifts in how the awards were distributed. "To meet its September 30 deadline following earlier delays, NIH made expanded use of multi-year funding – obligating the full value of certain grants upfront rather than distributing funding annually," UMR's press release stated (unitedformedicalresearch.org/statements/umr-releases-annual-nih-economic-impact-report-2026-update/).

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Use of multi-year funding (also known as "forward-funding" grant awards), allowed the agency to make larger grants, albeit to an overall smaller number of grantees (https://www.nytimes.com/interactive/2025/12/02/upshot/trump-science-funding-cuts.html). As the UMR report notes, the rate of research-grant applicants who were

successful in receiving an award dropped to about 17% in FY25, compared to 26% in 2024 and 30% in 2023; this makes it the lowest level in nearly 30 years. The FY26 Labor-Health and Human Services-Education bill, signed into law in February, includes restrictions on NIH's use of the multi-year funding mechanism this fiscal year.

UMR's report credits strong, bipartisan congressional support in the last decade for the continued investment in NIH research funding, without which the nation would have lost more than $822 billion in economic activity and approximately 3.7 million jobs in addition to countless life-saving innovations. Beyond that, the report notes, NIH funding produces doctors and researchers who contribute to a highly skilled workforce, strengthen national security, support critical industries, and help maintain global leadership.

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AAU urges Congress to continue providing sustained and predictable investment (https://www.aau.edu/key-issues/nih-requires-sustained-and-predictable-investment) for NIH.

Bianca Licitra is the editorial and communications assistant at AAU.

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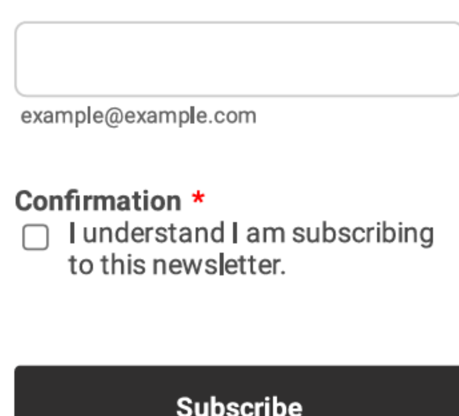

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